

2019 Specialty Court Training Conference

Wednesday, March 20 & Thursday, March 21, 2019

MAIL-IN REGISTRATION AND PAYMENT FORM

- If you do not receive a confirmation email, please contact the **HELPLINE at (210) 239-8504** •

Mail-in Registration must be postmarked by Monday, March 11, 2019

REGISTRATION

GENERAL

- 1) Registration \$ 100.00
- 2) Registration + CEU \$ 175.00
- 3) Registration + CLE \$ 225.00

GOVERNMENT EMPLOYEE

Working in Bexar County

- 4) Registration \$ 25.00
- 5) Registration + CEU \$ 100.00
- 6) Registration + CLE \$ 150.00

Check all boxes below, that apply

SPONSORSHIP LEVELS

Guest List must be submitted by March 6, 2019

- PLATINUM** \$2,500.00
 - Conference Table, seats 10 Guests
 - Exhibit Table
 - Special Recognition throughout Conference as a Platinum Sponsor
 - Full Page Program Ad

- GOLD** \$2,000.00
 - Conference Table, seats 10 Guests
 - Exhibit Table
 - Half Page Program Ad

- SILVER** \$1,500.00
 - Conference Table, seats 10 Guests
 - Exhibit Table
 - Quarter Page Program Ad

VENDOR OPPORTUNITIES

- EXHIBIT TABLE** \$ 750.00

PROGRAM ADS

High resolution print ready PDF file must be submitted by March 1, 2019

- Back Cover \$1,200.00
7.5"w x 10" h
- Inside Front & Back \$1,000.00
7.5"w x 10" h
- Full Page \$ 750.00
7.5"w x 10" h
- Half Page \$ 500.00
7.5"w x 5" h
- Quarter Page \$ 250.00
3.75"w x 5" h

Please make check payable to:

Therapeutic Justice Foundation and mail completed registration form and check to:
104 Babcock Road, Suite 107,
San Antonio, Texas 78201

Contact Name* _____

Agency/Court/Org* _____

Address Line 1* _____

Address Line 2 City* _____ State* _____ ZIP Code* _____ Country _____

Contact Phone Number* _____ Email Address* _____

You can register up to 10 attendees and pay for all at once. If you're only registering yourself, put your info in BOTH the contact section and the attendee section. Check box with appropriate registration number from the column on the left.

ATTENDEE 1 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 2 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 3 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 4 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 5 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 6 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 7 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 8 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 9 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

ATTENDEE 10 NAME* _____

Attendee Email* _____ Registration Type* 1 2 3 4 5 6

Government ID No.* _____ License No.* _____

* indicates required fields