



The Texas Bandmasters Association thanks the following company for sponsoring our pre-registration:



Texas Bandmasters Association

70th Annual Convention/Clinic

Thursday-Saturday, July 20-22, 2017

Henry B. Gonzalez Convention Center
San Antonio, Texas

2017 TBA ACADEMY PRE-REGISTRATION FORM

Texas Bandmasters Association • 1002 Central Parkway South • San Antonio, Texas 78232 • Phone (210) 492-8878 • Fax (210) 492-8996

Personal Information

Dr/Mr/Mrs/Ms First Name M.I. Last Name Suffix: Jr/Sr

Home Street Address

Home City Home State Home Zip Code

Contact Information

(_____) _____ - _____ (_____) _____ - _____
Primary Contact Phone Number Alternate Contact Phone Number

Email Address ****A valid email address is required to receive an electronic registration receipt.****

Yes No I wish to receive useful and timely industry-related correspondence from TBA affiliated vendors and / or screened outside organizations.

School/Employment Information (If Applicable)

CHECK ONE: HS Director HS Assistant Director MS Director MS Assistant Director Elementary Director

School Name

School District

School Street Address

School City School State School Zip Code

(_____) _____ - _____ (_____) _____ - _____
School Phone School Extension School Fax Number

Survey Information

FROM WHERE DID YOU RECEIVE YOUR DEGREE(S):

Undergraduate: _____

Masters: _____

Doctorate: _____

TBA ACADEMY

(Check items for payment)

TBA Academy Fee (Lunch Provided) \$85

Includes:

1 YEAR COMPLIMENTARY TBA ACTIVE MEMBERSHIP,
CONVENTION, BUSINESS LUNCHEON,
AND BBQ (\$170 value)

Credit Card (Complete lines below)

Check (payable to the Texas Bandmasters Association)

_____ Check one: MasterCard Visa
Credit Card Number

_____ / _____
Name on Credit Card Expiration Date (MM/YY)

Credit Card Billing Address

_____ State _____ Zip Code _____
City

New Teacher Certification:

(Signature Required)

I certify that I am a new teacher beginning my career – Fall 2017 and that I am eligible to attend the TBA Academy for \$85.

Signature: _____

FOR OFFICE USE ONLY

Amount Received \$ _____ Date Received _____

Clerk Initial _____

Method of Payment:

Check# _____ Credit Card Cash