



2014 Total Solutions Plus Pre-Conference Registration Form

October 25-28
Hyatt Hill Country Resort & Spa
San Antonio, TX

Name: _____ Badge Name: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Emergency Contact: _____

Please mark an 'X' next to the association(s) you are a member of:

NTCA _____ CTDA _____ TCNA _____ TCAA _____ None _____

Non-Conference Registration

Non- Conference Attendee: FREE

Subtotal all optional events from reverse of this form: \$ _____

Grand Total: \$ _____

Method of Payment (circle one): CHECK VISA MC AMEX

Card No. _____

Card Exp. _____ Sec. Code. _____

Signature _____

Checks should be made payable to the Ceramic Tile Distributors Association

Mail or Fax this completed form with payment to:

CTDA, 800 Roosevelt Road, Building C, Suite 312 Glen Ellyn, IL 60137 or Fax: (630)790-3095

Deadlines and Cancellations:

Registrations should be received at the CTDA office by **September 25, 2014**. Cancellations of conference registrations are acceptable upon written notice by to **September 25, 2014**. Full refunds cannot be guaranteed after **September 25, 2014**.

HOTEL CUT OFF DATE:

September 23, 2014

To reserve your hotel room call: (888)421-1442 *Identify yourself with Total Solutions Plus to receive the discounted group room rate of \$204/night.

Note: Incomplete Registration Forms will NOT be processed. You must completely fill out and return BOTH pages of this form.

Please check here if you have any personal requirements regarding your attendance at this meeting that arise under the Americans with Disabilities Act.

Please check here if you have any dietary restrictions that CTDA should be aware of regarding your attendance at this meeting.

Please list your dietary restrictions _____

For Office Use Only:

Amount Rec'd _____

Date Rec'd _____

Check Number _____

Please mark with an "X" the events you and/or your companion plan to attend. Optional event fees are located in the far right hand column. Please indicate the number attending and the amount enclosed for each optional event. Schedule is subject to change. For more information on any of the below events go to: www.ctdahome.org/tsp. **NOTE: SOME EVENTS OVERLAP IN TIME, YOU MAY ONLY REGISTER FOR ONE. EVENTS THAT INDICATE CTDA, NTCA, TCAA OR TCNA ARE EVENTS ONLY OPEN TO MEMBERS OF THE CORRESPONDING ASSOCIATION.**

Date	Time	Function	Attendee	Companion	Fee
Saturday, Oct 25th					
8:00 am	-11:00am	CTDA CCTS Testing (Exam)	_____		
8:00am	-12:00pm	NTCA Committee Meetings	_____		
8:00am	-12:00pm	NTCA Methods and Standards Committee Mtg.	_____		
10:30am	-2:30pm	TCAA Board Mtg.	_____		
1:00pm	-5:00pm	NTCA Technical Committee Mtg.	_____		
6:00pm	-7:30pm	Board of Directors and Committee Member Reception	_____	_____	
Sunday, Oct 26th					
7:00am	-11:00am	NTCA Board Mtg.	_____		
8:00am	-9:30am	TCAA Contractor Business Mtg.	_____		
8:00am	-11:00am	CTDA Board Mtg.	_____		
9:00am	-11:00am	MMSA Meeting	_____		
9:45am	-11:00am	TCAA IMI Contractor College	_____		
12:00pm	-6:00pm	Golf Tournament	_____	_____	\$150
12:30pm	-4:30pm	Cave Walking Tour	_____	_____	\$100
12:30pm	-4:30pm	Cave Walking Tour plus Canopy/Zip Lining	_____	_____	\$135
7:00pm	-8:30pm	Opening Reception	_____	_____	