



# 78<sup>TH</sup> ANNUAL CONVENTION

MARCH 6-7, 2024

THE CRESCENT HOTEL  
FORT WORTH, TEXAS

MORE DETAILS AVAILABLE AT [WWW.TIPRO.ORG](http://WWW.TIPRO.ORG)!

TIPRO's 78<sup>th</sup> Annual Convention will provide an update on regulatory, policy and market trends of significance to the Texas oil and natural gas industry. Make plans today to attend this important industry conference!

## MEMBER REGISTRATION FEES:

	ON/BEFORE FEBRUARY 1 <sup>ST</sup>	AFTER FEBRUARY 1 <sup>ST</sup>
<input type="checkbox"/> TIPRO MEMBER	<del>\$225</del> <b>closed</b>	\$595
<input type="checkbox"/> SPOUSE	\$350	\$350

\*Registration pass includes all conference sessions and meals.

## NON-MEMBER REGISTRATION FEES:

	ON/BEFORE FEBRUARY 1 <sup>ST</sup>	AFTER FEBRUARY 1 <sup>ST</sup>
<input type="checkbox"/> NON-MEMBER (REGISTRATION INCLUDES 1 YEAR REGULAR TIPRO MEMBERSHIP)	<del>\$425</del> <b>closed</b>	\$795
<input type="checkbox"/> SPOUSE	\$395	\$395

\*Registration pass includes all conference sessions and meals.

Have special dietary needs or other considerations?  
Please contact TIPRO staff by emailing [info@tipro.org](mailto:info@tipro.org)  
or calling (512) 477-4452 and let us know if you require  
any special accommodations.

## CANCELLATION POLICY:

In order to receive a full refund for the TIPRO convention, the association must be notified of your cancellation no later than Wednesday, February 28, 2024.

**Questions about the 2024 TIPRO convention in Fort Worth?**  
Please contact the association at (512) 477-4452 or  
email [info@tipro.org](mailto:info@tipro.org)!

## SIGN UP TODAY!

- ONLINE:** VISIT TIPRO'S MEMBER PORTAL AT [MEMBERSHIP.TIPRO.ORG](http://MEMBERSHIP.TIPRO.ORG)
- BY EMAIL:** SEND YOUR COMPLETED FORM TO TIPRO BY EMAILING [INFO@TIPRO.ORG](mailto:INFO@TIPRO.ORG)
- BY MAIL:** RETURN YOUR COMPLETED REGISTRATION FORM, WITH PAYMENT, TO: TIPRO, 919 CONGRESS AVENUE, SUITE 1000, AUSTIN, TEXAS 78701

## REGISTRANT INFORMATION:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mark if Attending:  Welcome Reception  Breakfast  
 Luncheon  Chairman's Dinner

Spouse Name (if registering): \_\_\_\_\_

Mark if Attending:  Welcome Reception  Breakfast  
 Luncheon  Chairman's Dinner

## PAYMENT INFORMATION:

Total: \_\_\_\_\_

Payment Method:  VISA  MASTERCARD

AMEX  CHECK NO: \_\_\_\_\_

Print Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Credit Card Exp. Date: \_\_\_\_\_ Credit Card CID: \_\_\_\_\_

Signature: \_\_\_\_\_