



**TPSA Summit: Aligning Professional Services  
November 12 - 14, 2006  
Washington D.C.**

**Registration Options**

For your convenience you may register for the Summit by one of several ways:

**Online:** <http://www.tpsaonline.com/conference/DC/registration.asp>

**Phone:** 858-673-3041      **Fax:** 858-946-0005

**Mail:** TPSA, Attn: Summit Registrations  
11031 Via Frontera, Suite A  
San Diego, CA 92127

**Registration Fees:**

**Professional Development Program (per course) Fee:**

<b>Type of Registration</b>	<b>Description</b>	<b>Fee</b>
TPSA Member	Employees of TPSA Member Companies	\$595.00
SSPA Member	Employees of the member companies of our sister association, the SSPA	\$695.00
Non-Member	Open to the public	\$995.00

**Summit Registration Fee:**

<b>Type of Registration</b>	<b>Description</b>	<b>Fee</b>
TPSA Member	Employees of TPSA Member Companies	\$1,795.00
SSPA Member	Employees of the member companies of our sister association, the SSPA	\$1,895.00
Non-Member	Open to the public	\$2,195.00
Voucher*	See below	Complimentary

**Professional Development + Summit Registration Fee:**

<b>Type of Registration</b>	<b>Description</b>	<b>Fee</b>
TPSA Member	Employees of TPSA Member Companies	\$2,295.00
SSPA Member	Employees of the member companies of our sister association, the SSPA	\$2,495.00
Non-Member	Open to the public	\$3,095.00

**\*Vouchers:**

Enjoy the full benefit of your TPSA membership or exhibition fees by redeeming your vouchers to attend the TPSA Summit. Summit speakers are also given a complimentary voucher to attend the summit. Vouchers cover the cost of attending the Summit. Attendees redeeming a voucher may attend a Professional Development course for an additional fee. Vouchers are sent to the primary contact in your company. Please contact us if you have questions about how to redeem a summit voucher.



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**Registration Options (Continued)**

**Professional Development Registration Includes:**

<b>Session</b>	<b>Day</b>
Professional Development Course	Sunday
Lunch	Sunday

**Summit Registration Includes:**

<b>Session</b>	<b>Day</b>
Welcome Reception	Sunday evening
Technology Services Expo	Sunday evening and Monday
Breakfast	Monday and Tuesday
Lunch	Monday and Tuesday
General Sessions	Monday and Tuesday
Breakout Sessions	Monday and Tuesday
Partner Technology Sessions	Monday
Refreshment Breaks	Monday and Tuesday
Partner Reception	Monday evening
TPSA Networking Dinner	Monday night
Mid-Day Exchange	Tuesday lunch
TPSA Networking at Night, hosted bar	Tuesday night



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**Number of Attendees and Cost**

<b>Attendee/Pass Type*:</b>	<b>Number of Attendees*:</b>	<b>Cost:</b>	<b>Subtotal:</b>
TPSA Member - ProDev Only	<input type="text"/>	\$595.00 each	<input type="text"/>
SSPA Member - ProDev Only	<input type="text"/>	\$695.00 each	<input type="text"/>
Non-Member - ProDev Only	<input type="text"/>	\$995.00 each	<input type="text"/>
TPSA Member - Summit Only	<input type="text"/>	\$1795.00 each	<input type="text"/>
SSPA Member - Summit Only	<input type="text"/>	\$1895.00 each	<input type="text"/>
Non-Member - Summit Only	<input type="text"/>	\$2195.00 each	<input type="text"/>
Voucher - Summit Only	<input type="text"/>	Complimentary	<input type="text"/>
TPSA Member - ProDev + Summit	<input type="text"/>	\$2,295.00 each	<input type="text"/>
SSPA Member - ProDev + Summit	<input type="text"/>	\$2,495.00 each	<input type="text"/>
Non-Member - ProDev + Summit	<input type="text"/>	\$3,095.00 each	<input type="text"/>
<b>Total Attendees:</b>	<input type="text"/>	<b>Total:</b>	<input type="text"/>

**Billing Information**

**First Name\*:**  **Middle Initial:**

**Last Name\*:**

**Company Name\*:**

**Phone Number\*:**

**Email Address\*:**

**Address\*:**

**City\*:**  **State\*:**

**Zip Code\*:**  **Country\*:**

\* - Denotes required field  
Registration Form  
Last Updated 2006-10-02



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**Shipping Information**

**Same as Billing Information?\***

- Yes
- No

**First Name\*:**

**Middle Initial:**

**Last Name\*:**

**Company Name\*:**

**Phone Number\*:**

**Email Address\*:**

**Address\*:**

**City\*:**

**State\*:**

**Zip Code\*:**

**Country\*:**

\* - Denotes required field



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**Payment Information**

**Billing Option\*:** (Please select all that apply)

- Voucher**
- Credit Card**

required only to redeem a Summit voucher

**Voucher Number\*:**

required only for credit card billing option

**Cardholder Name\*:**

**Card Type\*:** (Please select one only)

- American Express
- Visa
- MasterCard

**Card Number\*:**

**Expiration Date\*:** Month  (mm) Year  (yy)

**Authorization Signature and Date\*:**

\* - Denotes required field



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**Attendee Information**

Please fill out a complete attendee information worksheet for each attendee that will be attending the Summit.

**First Name\*:**  **Middle Initial:**

**Last Name\*:**

**Company Name\*:**

**Title\*:**

**Phone Number\*:**

**Email Address\*:**

**Address\*:**

**City\*:**  **State\*:**

**Zip Code\*:**  **Country\*:**

**Level in Organization\*:** (Please select one only)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>CXO (C-level Exec)</b> | <input type="checkbox"/> <b>Manager</b>    |
| <input type="checkbox"/> <b>Vice President</b>     | <input type="checkbox"/> <b>Supervisor</b> |
| <input type="checkbox"/> <b>Director</b>           | <input type="checkbox"/> <b>Staff</b>      |
| <input type="checkbox"/> <b>Senior Manager</b>     |  |

**Functional Area\*:** (Please select one only)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Executive Management</b> | <input type="checkbox"/> <b>Delivery</b>    | <input type="checkbox"/> <b>Strategy</b>                            |
| <input type="checkbox"/> <b>Sales</b>                | <input type="checkbox"/> <b>Engineering</b> | <input type="checkbox"/> <b>Training</b>                            |
| <input type="checkbox"/> <b>Marketing</b>            | <input type="checkbox"/> <b>Finance</b>     | <input type="checkbox"/> <b>Partner Management</b>                  |
| <input type="checkbox"/> <b>Operations</b>           | <input type="checkbox"/> <b>IT / IS</b>     | <input type="checkbox"/> <b>Quality &amp; Customer Satisfaction</b> |

**Special Needs:**  
(i.e. Dietary,  
Wheelchair access)

\* - Denotes required field