

TMA/Specialty Society 2010 State Advocacy Retreat

November 19 – 20, 2010



Proposed Schedule:

Friday, Nov. 19th

- 6 – 7pm Reception
- 7 – 9:30pm Dinner “2011 Session Preview”

Saturday, Nov. 20th

- 7:30 – 8am Breakfast
- 8 – 9am Welcome & Program Overview
Federal Update

SERIES OF 6 BREAKOUT SESSIONS:

- 9 – 10:30am Concurrent Breakout Sessions 1-2-3
Focusing on Hot Issues for the 2011
Legislative Session
- 10:30 – 11am BREAK
- 11am – 12:30pm Concurrent Breakout Sessions 4-5-6
Focusing on Hot Issues for the 2011
Legislative Session
- 12:30 – 2pm Luncheon
- 2 – 2:30pm Review from Breakout Sessions
- 2:30 – 4:30pm Specialty Society Panel –
Legislative Issue Discussion
(Each Specialty designated leader will give
their top priority for the Legislative Session.)
- 4:30pm (*Optional:*) Closing Reception
(Unwind with your colleagues after a busy
day of brainstorming.)



Hotel info:

Westin @ the Domain Austin, Texas

**11301 Domain Drive
Austin, TX 78758
(512) 832-4197**

Rate - \$139

Cut-off date – October 29th

Registration:

Physician/Alliance Member.....	\$50
TEXPAC Members.....	\$25
Residents/Students	\$0
TMA/CMS/Specialty Society Staff	\$0



Physicians Caring for Texans

Registration Form

TMA/Specialty Society 2010 State Advocacy Retreat

Please call Lisa Jackson at (512) 370-1520 or lisa.jackson@texmed.org with any questions.

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-mail _____

Guest _____

Contact person & phone number in case of on-site emergency _____

*** Cancellation Policy:** We must receive notice of cancellation for refund postmarked no later than November 12th. A \$25 fee will be deducted from the registration fee paid to cover processing charges. Non-attendance does not constitute notice of cancellation.

Registration for Members

Physician/Alliance Member	\$50
TEXPAC Members	\$25
Residents/Students	\$0
TMA/CMS/Specialty Society Staff	\$0

Payment Information

Enclosed is a check for \$ _____ (Make checks payable to TMA)

Check one: Visa MasterCard AMEX Discover

Account # _____ Exp. Date _____

Cardholder Name _____ SID _____

Signature: _____

Refunds: Written notice of cancellation must be received by [November 12th](#).

- In accordance with the American with Disabilities Act, please check here if you have any special needs. TMA will contact you before the meeting about your needs.
- Do you require a vegetarian meal?

**Please mail or fax registration to Lisa Jackson:
TMA/Specialty Society ★ 401 W. 15th St. ★ Austin, TX 78701 ★ Fax: (512) 370-1626**