# Texas Medical Association 2011 Advocacy Retreat

### December 2-3, 2011

# THE WEST

## Hotel info:

#### Westin @ the Domain Austin, Texas

11301 Domain Drive Austin, TX 78758 (512) 832-4197 Rate - \$139 Cut-off date – November 10th

### **Registration:**

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



# Schedule: REVISED Friday, Dec. 2

1pm	TEXPAC Campaign School
	Required for all TMA Leadership College scholars and optional for all other attendees
1pm	State Specialty Society/TMA Strategic Planning
	Focus on defining the future of medicine following recent legislative changes at both the federal and state level.
2pm	TEXPAC Executive Committee Meeting
3pm	TEXPAC CEC Meeting
6pm	Reception
7pm	Friends of Medicine Dinner
	Join us in honoring key members of the Texas Legislature who partnered with Texas Medical Association during the 82nd Legislative Session

to ensure the care of Texans.

### Saturday, Dec. 3

8am	Breakfast
8:30am	TMA and the 83rd Legislature
10am	Specialty Society Panel – Legislative Issues
12pm	Luncheon – What I Learned in 180 Days
	A follow up discussion from several freshmen legislators
2pm	How TEXPAC Drives the Political and Policy Narrative between and during the Legislative Sessions
	TEXPAC Board Meeting
	Open to all attendees. Witness the TEXPAC process discussed in action.
4pm	Closing Reception

### **Registration Form**

### Texas Medical Association 2011 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 10th. 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
TMA Leadership College Scholar	\$0

### **Payment Information**

Enclosed is a check for \$ (	(Make checks payable to TMA	<b>(</b> )
------------------------------	-----------------------------	------------

Check one:	🗆 Visa	MasterCard	🗆 AMEX	D Disco

Discover			

Account #	Exp. Date
Cardholder Name	SID

Signature: \_\_\_\_

**Refunds**: Written notice of cancellation must be received by November 10th.

□ 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.