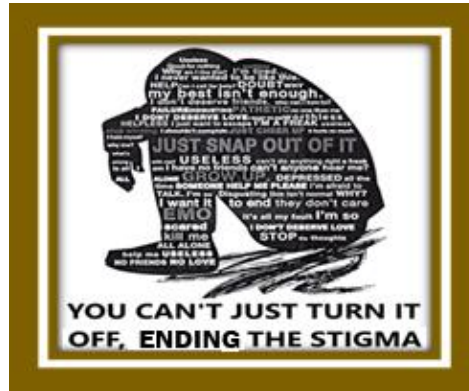


TARCA Winter Conference 2019



Ending the STIGMA January 11, 2019 Texas A&M University San Antonio

The annual Texas Alamo Region Counseling Association Winter Conference will be held on the beautiful campus of Texas A&M University-San Antonio, One University Way, San Antonio, TX. 78224

TARCA is dedicated to providing leadership, advocacy and education to promote the growth and development of the counseling profession. As professional counselors we are committed to working with individuals and families to guide their academic, career, personal, and emotional growth and well-being. It is important then, that we cultivate the same sense of purpose through professional development and sharing with colleagues. Please join us for a day of professional growth and sharing. On-site registration, check-in, and breakfast are from 7:00 a.m. to 7:45 a.m.

TARCA Members, Pre-registration**	55.00	TARCA Members, On-site**	65.00
TARCA Student Members, Pre-registration**	35.00	TARCA Student Members, On-site**	45.00
Professional Non-members, Pre-registration*	85.00	Professional Non-members, On-site*	95.00
Student Non-members, Pre-registration*	60.00	Student Non-members, On-site registration*	70.00
TARCA Retired Members, Pre-registration**	45.00	TARCA Retired Members, On-site registration**	55.00

Registration is Non-refundable after January 05, 2019.

*Membership fee to TARCA is included in the non-members registration price. TARCA Membership is from July 2018 - June 2019. **Current membership will verified for Pre-Registration fee otherwise other fees apply.

Please fill out the form below and submit it with your payment. Payment can be mailed in or submitted online at <http://www.txca.org/tca/MEMBERSHIP23.asp> or with credit card by square invoice no later than January 8th. Please make checks payable to TARCA and postmarked by **January 5, 2019** to ensure the Pre-Registration Price. After January 5 you will need to pay onsite with the increased fee. If mailing in please send to:

**TARCA 2019 Conference Registration
P.O. Box 831393
San Antonio, TX 78283**

Name: _____

Address: _____ Zip _____

Phone: (H) _____ (W) _____ ext. _____ (C) _____

Work Location: _____ E-mail: _____
(Please include e-mail to receive updates and additional conference information.)

Level: _____ Elem _____ MS _____ HS _____ Private Practice/Other: _____

MUST BE POSTMARKED BY JANUARY 5, 2019