

**TNSA, INC., CONVENTION 2020**  
**DOUBLETREE BY HILTON AUSTIN HOTEL**  
**6505 INTERSTATE HIGHWAY 35 NORTH**  
**AUSTIN, TEXAS 78753**  
**FEBRUARY 20-FEBRUARY 22, 2020**  
**(EXHIBIT SHOW: FRIDAY FEBRUARY 21. 2020)**

**CONVENTION EXHIBIT RESERVATION FORM**

Please mail/email this form, along with your check/credit card made payable to:  
Texas Nursing Students' Association, Inc.  
P.O. Box 763877  
Dallas, Texas 75376

**Company Name:** \_\_\_\_\_

**Person/s Staffing Booth:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_ **Title:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

Please refer to enclosed exhibit prospectus for additional information.

**PLEASE RESERVE \_\_\_\_\_ BOOTH (S) - \$800.00 EACH**

**TOTAL AMOUNT ENCLOSED: \$** \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**PLEASE CHARGE MY CREDIT CARD: \$** \_\_\_\_\_  
**MC/VISA/AMEX #:** \_\_\_\_\_  
**EXPIRATION DATE:** \_\_\_\_\_ **SECURITY CODE #** \_\_\_\_\_  
**SIGNATURE OF CARD HOLDER:** \_\_\_\_\_  
**NAME AS IT APPEARS ON CREDIT CARD:** \_\_\_\_\_  
**CREDIT CARD BILLING ADDRESS ZIP CODE:** \_\_\_\_\_

