



**TEXAS ASSOCIATION OF BENEFIT
ADMINISTRATORS
2010 Fall Conference
Marriott Town Square, Sugar Land, Texas
September 13-14, 2010**

Come Join Us—We're All In This Together!

You are invited to join the Texas Association of Benefit Administrators (TABA) at the 2010 Fall Conference & Exhibition, September 13-14, 2010. Attending the Fall Conference and Exhibition offers you an opportunity to meet with your peers and talk one-on-one with companies that offer the products and services you need to build an effective health benefit plan. This year's conference will focus on legislative regulation, healthcare reform and the issues facing our industry.

Meeting Registration

Registration fees include all food and beverage functions, admission to the exhibit hall and all education sessions. Please note that registration fees are slightly higher after September 6, 2010. Dress code for the conference is business casual.

Refund and Cancellation Policy

Conference registration cancellations received in writing prior to September 6, 2010 will receive a refund less a \$25 administrative processing fee. All refunds will be processed after the conference. No refunds will be issued at the conference.

Hotel Information/Location

Please make your reservations directly with the Marriott Town Square hotel at 281/275-8400 or Marriott reservations at 800/228-9290. The hotel is located at 16090 City Walk, Sugar Land, TX 77479-6539. Indicate that you will be attending the TABA Conference, September 13-14, 2010. The TABA room rate is \$155 for a single/double. Reservations must be made on or before **August 29, 2010**, to receive the guaranteed room rate and subject to availability within our room block.. You can also make your reservation online at

<http://www.marriott.com/hotels/travel/housl?groupCode=tabtaba&app=resvlink&fromDate=9/12/10&toDate=9/15/10>.

TABA Fall 2010 Conference & Exhibition Tentative Schedule

Monday, September 13, 2010

- 8:00a – 4:00p Exhibit Hall Set-Up
- 8:30a Golf Tournament, Greatwood Golf Club
- 1:00p – 5:00p Registration Desk Open
- 3:00p – 5:00p **Session I – “Healthcare Reform”**
Speaker: Peggy Bass, The Sweeney Company (CE Information Pending)
- 5:00p – 6:00p Early Bird Reception with Exhibitors/Sponsors; Exhibitor Door Prizes/Golf Tournament Winners

Tuesday, September 14, 2010

- 7:30a—5:00p Registration Desk Open
- 7:30a—8:30a Breakfast with Exhibitors/Sponsors
- 8:30a—8:45a Annual Membership Meeting: Reports from the President, Secretary/Treasurer, Membership Chair and 2010 Nominating Committee Report & Elections.
- 8:45a—9:45a **Session II—TBA**
Speaker: Jim Phifer, One Call Medical
- 9:45a—10:00a Morning Break
- 10:00a—11:00a **Session III—TBA**
Speaker: Dr. Luter
- 11:00a-12:00p **Session IV—TBA**
Speaker: Worlddoc, Inc.

12:00p—1:30p Lunch with Exhibitors/Sponsors
 1:30p – 2:30p **Session V — “Strategic Business Partnership: Best Practice Model”**
 Speaker: Nazie Eftekhari, HealthEZ
 2:30p - 3:30p **Session VI – “Partnering With Your PBM”**
 Speaker: John Zevzavadjian, CVS Caremark
 3:30p – 3:45p Refreshment Break with Exhibitors/Sponsors
 3:45p - 5:00p **Session VII – TBA**
 Speaker: Panel Discussion
 5:00p – Exhibitor Booth Breakdown

NOTE: CE Information Pending Approval. You must attend at least 90% of each CE session in order to receive CE credit under Provider #32576.

Wednesday, September 15, 2010

8:00a – 12:00p TABA 2010 4th Quarter Board of Directors Meeting

Conference Attendee Registration Fees:

	Members		Non-Members	
	Thru 9/6	After 9/6	Thru 9/6	After 9/6
TPA				
Initial Registration	\$280	\$310	\$415	\$445
Additional Registration	\$240	\$270	\$375	\$405
Third Registration	\$120	\$150		
Non-TPA (i.e. Vendor)				
Initial Registration	\$300	\$330	\$660	\$690
Additional Registration	\$260	\$290	\$450	\$480
Special One Day Registration (Monday ONLY)				
Monday, September 13	\$ 60	\$ 85	\$115	\$165

TABA Golf Tournament • Price per Player: \$60

Exhibitor Fees (incl 1 registration): Member Company \$850 Non-Member Company \$1350
Additional Exhibitor Personnel: \$190 per person

Name _____

Company _____

Additional Registrant Names and Email Address For Each:

Address _____ Ste. # _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

Golfers: Handicap _____ Pair Me With _____

Member Registration \$ _____

Non-Member Registration \$ _____

Additional Registrants from Same Company (#_____). \$ _____

Golf (**\$60 per player**) \$ _____

Exhibitor Fee (attach signed contract). \$ _____

Additional Exhibitor Personnel \$ _____

Sponsor Package (Event: _____) \$ _____

Total \$ _____

Fall 2010 Conference Exhibitor/Sponsor Information and Contract

Instructions: Complete all information blanks. Sign, date, and mail this Agreement with check made payable to: TABA. Texas Association of Benefit Administrators, referred to as "TABA" and the undersigned firm, referred to hereinafter as "Exhibitor," and the Renaissance Hotel, referred to hereinafter as "Hotel" agrees as follows:

1. Exhibit Fees are \$850 for a member company and \$1350 for a nonmember company; this includes one complimentary registration to the Conference. Exhibit Fee is payable upon return of signed contract. Signed contract and payment must be received to guarantee exhibit space for the 2010 Fall Exhibition. Space will be reserved on a first-come first-serve basis.
2. TABA will provide exhibit space and facilities as described in accordance with items two through nine below.
3. Due to extremely limited space only Tabletop Exhibits will be allowed.

Does your booth exceed 6' and is less than 10'? yes no

If you choose to bring exhibit that exceeds 10' wide, you will be charged for two booths. _____ (*please initial*)

Do you need Internet access? yes no Do you need electricity? yes no If yes to either, please contact the hotel directly. You will be responsible for paying any charges to the hotel.

Explain any special needs for display:

Description of Exhibitor Company's Services/Products and Display Items:

4. Exhibitors are limited to products and services used by and useful to Professional Benefit Administrators. The Exhibits Manager will make the final determination as to whether this criteria is met.
5. Exhibitor may cancel this agreement in writing prior to September 6, 2010 and receive a refund less a \$25 administrative processing fee. No refunds will be made for cancellations after this date.
6. The Hotel or TABA shall not be liable to the Exhibitor for any damage to, destruction or loss of an exhibit or property of the Exhibitor by fire or other casualty, whether caused by the negligence of the Hotel, TABA, their officers, agents, staff, employees or otherwise. The Exhibitor waives all claims for such losses, and Exhibitor shall indemnify and hold the Hotel and the TABA harmless from such claims.
7. Exhibitors or their agents shall not injure or deface the walls or carpets or the equipment or the booths provided. Exhibitors are forbidden to drive tacks, nails or screws into the walls or woodwork in the exhibit area. Should such damage occur, the Exhibitor is liable to the owner of the property so damaged.
8. TABA reserves the right to refuse any exhibit or Exhibitor and further reserves the right to close down any exhibit or Exhibitor for breach of this agreement, or for cause. In the event that an exhibit is closed down, TABA's liability is limited to the refund of contracted and paid space.
9. Exhibitor declares the value of this exhibit at: \$ _____. Exhibitor declares the weight of this exhibit at: _____ #. And stays within the 10' width guidelines _____ (*initial*).
10. Exhibitor materials may be shipped directly to the hotel within 3 days prior to the event start date. There will be a \$5.00 per day storage fee for boxes arriving more than the 3 days before the event or left at the property more than 3 days after the event. All materials should be clearly marked with the Group Name, Meeting Date, Group Contact Person and Hotel Contact, Gregory Thacker.

Please type or print:

I, the undersigned, have read all of the above and will abide by the same:

Representative Name _____

Signature of Representative _____

Signature of TABA Representative _____

Return forms with payment to: TABA, P.O. Box 90325, Austin, TX 78709-0325 or fax credit card payments to 512/992-1667. For Conference Inquiries call: 512/507-7001 or email: admin@tpbaa.com.

Fall 2010 Sponsor Packages and Events

Choose One Event from Your Category

PLATINUM \$4000

- One 6' exhibit table and choice of location
- 2 complimentary registrations
- Your company brochure inserted in the conference registration packet
- Company logo and description on TABA website
- Recognition from the podium at sponsored event and other gatherings
- Recognition by appropriate signage at sponsored event and at booth
- Recognition on conference program
- Recognition by distinctive badge ribbons
- List of all conference attendees

GOLD \$2250

- One 6' exhibit table and choice of location
- 1 complimentary member registration
- Company logo and description on TABA website
- Recognition from the podium and by signage at sponsored event
- Recognition by distinctive badge ribbons
- Recognition in conference program
- List of all conference attendees

SILVER \$1750

- 1 complimentary member registration and golf player fee
- Recognition from the podium and by signage at sponsored event
- Recognition by distinctive badge ribbons
- Recognition in conference program
- List of all conference attendees

BRONZE \$1200

- Recognition from the podium and by signage at sponsored event
- Recognition by Distinctive badge ribbons
- Recognition in conference program
- List of all conference attendees

EVENT OPTIONS

- Breakfast w/Exhibitors Tuesday
- Lunch w/Exhibitors Tuesday
- Golf Tournament Title (incl 2 players)

EVENT OPTIONS

- Early Bird Reception Monday (Script Care)
- Afternoon Break Tuesday

EVENT OPTIONS

- Golf Tournament Beverage Cart
- Golf Tournament Lunch
- Golf Trophies

EVENT OPTIONS

- CE Sessions (6 available)
- Registration Bags
- Name Badge Lanyards
- Golf Tournament Hole

Method of Payment

I have enclosed a check for \$_____ OR Charge \$_____ to VISA MasterCard AMEX
Card Number _____ Exp. Date _____
VAL Code (last 3 digit number found on reverse side of card) _____
Name of Cardholder (please print) _____
Billing Address _____ Phone _____
Signature _____

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