

# **2020 TEXAS IRLN ASSOCIATION CONFERENCE**

## **“New Frontiers”**

**When:** Saturday, March 28<sup>th</sup>, 2020 in San Marcos, TX: Registration: 8:30a.m. - 9:00a.m.  
Meeting: 9:00a.m. - 5:00p.m.  
Luncheon: 12:00pm- 1:00p.m.

**Where:** Embassy Suites- San Marcos  
1001 E. McCarty Ln.  
San Marcos, TX 78666

**Who:** For all Irlen Diagnosticians, Screeners, and Pre-Screeners & North America & Texas Irlen Association Members and other interested parties.

**Attendance:** Earn 8 CEU's towards Irlen re-certification

<b>Cost: (Includes Lunch) Texas Irlen Association Members:</b>	<b>\$130.00</b>
<b>Other Professionals (for CEU credits):</b>	<b>\$150.00</b>
<b>Parents or other interested parties:</b>	<b>\$65.00</b>

**Hotels:** Embassy Suites San Marcos – (512)-392-6450 (Discounted rate (\$139/night for single or double) mention that you are with the Texas Irlen Association or the group code TIA. (Reservations must be made by no later than February 27, 2020). Limited availability.

Holiday Inn Express 900 Barnes Drive San Marcos, TX 78666 - (512)-392-6355 (across from Embassy Suites) Discounted rate (\$129/night for single or double) mention that you are with the Texas Irlen Association or the group code TIA. (Reservations must be made by no later than March 13, 2020). Limited availability.

Send completed registration form and payment to: **Texas Irlen Association**, 8303 Southwest Freeway, Suite 216, Houston, TX 77074. For information, please call 713-771-3108 or email at [cfz4Irlen@aol.com](mailto:cfz4Irlen@aol.com).

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**Yes, register me for the Texas Irlen Association Regional Conference March 28<sup>th</sup>, 2020:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

- I am a Texas Irlen Association Member - \$130.00
- I am not a TIA member but wish to join / renew- \$130.00 plus \$50.00 annual membership fee
- I am not a Texas Irlen Association member but want CEUs -\$150.00
- Parents or Interested parties (no CEUs) - \$65.00

\$ \_\_\_\_\_ Total

- Check or money order enclosed (make payable to Texas Irlen Association) Ck. # \_\_\_\_\_
- Purchase order (recognized facilities only) PO # \_\_\_\_\_ (Please attach a copy of P.O.)