



Texas Association of Structural Movers

2026 ANNUAL MEETING & SEMINARS Victoria, Texas

February 5 - February 7, 2026

ATTENDEE INFORMATION:

Company Name: _____

Company Address: _____ City: _____ ST: _____ ZIP: _____

WK PHONE: (____) _____ (Cell) (____) _____ BEST EMAIL: _____

Attendee Names

Main Person : _____

Additional Person: _____

Additional Person: _____

Additional Person: _____

Additional Person: _____

Additional Person: _____

Additional Person: _____

Additional Person: _____

Additional Person: _____

CHILDREN: (15 & Under/Names) _____

CHILDREN: (15 & Under/Names) _____

CHILDREN: (15 & Under/Names) _____

CHILDREN: (15 & Under/Names) _____

If you Bring 5 or more People you pay \$175 a person!

Types of Registration and Events

Note: 5 people or more each pay \$175	<u>Before January 30, 2026</u>	<u>Onsite</u>	# of Registrants	Amount
Member: (Includes all Meals & Events)	\$250 (per person) 1 - 4 People	\$265 (per person) 1 - 4 People	_____	\$ _____
Employees, Family or Guests of Members: (Includes all Meals & Events)	\$225 (per person) 1 - 4 People	\$250 (per person) 1 - 4 People	_____	\$ _____
Non-Members: (Includes all Meals & Events)	\$300 (per person) 1 - 4 People	\$315 (per person) 1 - 4 People	_____	\$ _____

Who is going to what. Please fill this out because we use this to get enough meals and make sure we have enough room for everyone.

Friday Night Dinner	How Many People are Going: _____
Yard Tour Cleggs Yard	How Many People are Going: _____
Bus Tour	How Many People are Going: _____

TASM 2026 Membership Renewal

All "Texas" Moving Company Members	\$325.00	\$ _____
"Associate" Membership Renewals (Out of State/Retired/Vendors)	\$200.00	\$ _____

PAYMENT INFORMATION:

Scan and email to: sawmhq@gmail.com or Fax to 254-613-9099 or Mail this form to: TASM Headquarters 2202 S. 51st Street, Temple, TX 76504. Any Question's please call: 512-454-8626

Total Amount: \$ _____

CREDIT CARD INFORMATION: ___ Check or Money order ___ VISA ___ Mastercard ___ Discover ___ Am Express

Card Number: _____ EXP Date: _____

Name on Credit Card: (Print) _____ Signature: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

"The Credit Card Address must match the card BILLING address"

***Privacy Policy:** All Credit Card Information is Kept Confidential* **Refund Policy:** All Cancellation must be made in writing and a \$50 administrative fee will be charged.
No Refunds after January 30, 2026.