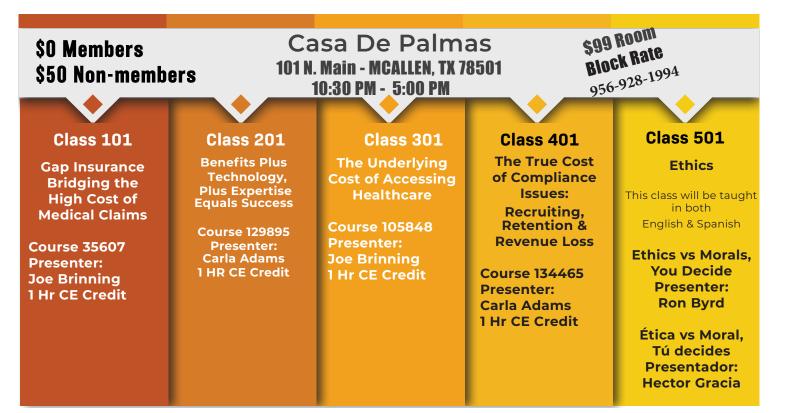
80 ATTENDEES + **EXHIBITORS**

Day of Education

South Texas Chapter

Bring a friend and receive 1 entry per friend for a \$100 Apple gift card

AGENDA



Where To Stay and Eat

We have a room block at Casa De Palmas (Collection by Wyndham) of \$99 per night. This is a historic hotel in the RGV.

There are great restaurants near by for those spending the night.

We suggest for fine dining, The Salt 210 N. Main - McAllen

For Casual dining, try Roosevelt's at 7, 821 N. Main - McAllen

Food Truck dining is also near by.

Hotel RSVP can be made at: 956-928-1994 Use code: SOTX

Our Schedule

- 10:30 Registration Opens
- 11:00 Heavy Appetizers / Lunch
- 11:20 Welcome from President Iris Castillo
- 11:30 Class 101 Bridging the High Cost of Medical Claims 12:20 - Sponsor #1
- 12:30 Class 201 Carla Adams 1:20 Sponsor #2
- 1:25 Exhibitor Visits
 - 2:00 Class 301 Joe Brining
 - 2:50 Sponsor #3 2:55 - Sponsor #4
 - 3:00 Class 401 Carla Adams
- 3:50 Sponsor #5
- 3:55 Break
- 4:10 Class 501 Ethics in both English and Spanish (The English class will be in a breakout room)

5:00 - Raffle Winners - Wrap Up and move to Patio for cinco de Mayo Happy Hour

NABIP-SOTX Day of Education - May 2, 2024

Attendees Registration Form

Contact name:	Memb	oer YES	NO
Phone: Office () Cell ()		
Email:		-	
Address:			
City		Zip Code	

Non Members \$50

Additional attendee registrations _____ x \$50 each = \$_____ Total: \$_____



Paying by CashApp

Bring a friend and receive 1 entry per friend for a \$100 Apple gift card

Paying by Check, print form and mail to the address below in McAllen

Make checks payable to NABIP-SOTX	Contact Information below:
National Association of Benefits and Insurance	Ron Byrd
Professionals	email: nabipsotx@gmail.com
PO Box 4140	Phone #: 956-352-9550 x 110
McAllen TX 78501	

Credit ca	ard payment.				
Charge my credit card \$		Please note	_Please note there is a processing fee of 3.5% on all credit card transactions.		
Cardholder Nam	e:				
Credit Card #			Expiration Date: Val. Code		
Cardholder Addr	ess:		City/State: ZIP		
Check one:	Visa	MasterCard	American Express		
Signature:			Date:		