



Registration Form

COMPANY NAME: _____

PHONE: _____

Please send names by Monday, September 16, 2024.

Badge Information	
Name	Company

- EVENT SPONSOR: Includes six tickets and logo on banners (\$250): _____

- TICKET (\$30) _____

- 2024/2025 ANNUAL MEMBERSHIP: (\$50) _____

- TOTAL AMOUNT DUE: _____

CC AUTHORIZATION:

Name on Card: _____ Phone: _____

Card #: _____ Exp: ____/____ CVV #: _____ Zip: _____

Please email or mail the form with payment by Monday, September 16, 2024.

If you have any questions, please call 361-929-6221 or 361-739-9385 or email api@corpuschristiapi.org

Mailing Address: CCAPI, P.O. Box 9235, Corpus Christi, TX 78469

Waiver: By participating in the promoted activity, you are agreeing to release and discharge CCAPI, its officers, committees, individual committee members, and their respective sponsors from all liabilities, claims, demands, and causes of action for any damages or injuries you may incur while engaging in CCAPI-related activities.