

FADRA 2019 CONVENTION & TRADE SHOW REGISTRATION FORM

July 18-21, 2019 • Sheraton Sand Key Resort • Clearwater Beach, FL

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____ Email: _____

NAME(S) OF REGISTRANT(S): PLEASE PRINT CLEARLY FOR NAME BADGES

Name of Spouse: _____

REGISTRATION FEE SCHEDULE

MEMBERS:	EARLY-BIRD BY MAY 17 \$300	REGISTRATION FEE BY JULY 15 \$325	ONSITE FEE \$375
NON-MEMBERS:	EARLY-BIRD BY MAY 17 \$375	REGISTRATION FEE BY JULY 15 \$400	ONSITE FEE \$450

INCLUDES ENTRANCE TO ALL SEMINARS, EXHIBIT HALL GRAND OPENING, BRUNCH & PARTY TICKET.

COMPANIES THAT WISH TO REGISTER SIX OR MORE PEOPLE AT ONCE QUALIFY FOR A DISCOUNT. FOR DETAILS CALL KIM AT THE FADRA OFFICE 407-614-8354.

MEMBER REGISTRATION	_____ @ \$ _____	\$ _____
NON-MEMBER REGISTRATION	_____ @ \$ _____	\$ _____
ONE-DAY ONLY <input type="checkbox"/> FRIDAY OR <input type="checkbox"/> SATURDAY	_____ @ \$190.00	\$ _____
<i>One-day registration does not include Party Ticket</i>		
SPOUSE REGISTRATION	_____ @ \$150.00 each	\$ _____
<i>includes: Exhibit Hall Grand Opening, Brunch & Party Ticket</i>		
THURSDAY OPENING CRUISE TICKET	_____ @ \$30.00 each	\$ _____
<i>Seating is limited to 100 and is accepted on a first-come, first-served basis.</i>		
ADDITIONAL ADULT SATURDAY PARTY TICKET	_____ @ \$90.00 each	\$ _____
ADDITIONAL CHILD SATURDAY PARTY TICKET (3-10 YRS. OLD)	_____ @ \$30.00 each	\$ _____
ADDITIONAL EXHIBIT HALL GRAND OPENING TICKETS	_____ @ \$75.00 each	\$ _____
<i>full attendee registration required to purchase</i>		

VENDOR/AFFILIATE REGISTRATION:

This fee is for Vendors who DO NOT have an exhibit in the Exhibit Hall. Includes: Entrance to all seminars, Exhibit Hall Grand Opening, Brunch & Party Ticket for two Reps)

Member Registration.....	_____ @ \$ 575.00	\$ _____
Non-Member Registration	_____ @ \$ 825.00	\$ _____

IF YOU'RE INTERESTED IN EXHIBITING, PLEASE COMPLETE THE EXHIBIT APPLICATION TO SECURE YOUR BOOTH

PLEASE MAKE A DONATION TODAY

FADRA Legislative Fund..... \$ _____

FADRA Scholarship Fund..... \$ _____

Processing Fee \$ 5.00

TOTAL DUE \$ _____

IMPORTANT!!! PLEASE COMPLETE THIS SECTION.

I WILL ATTEND THE FOLLOWING:

Thursday Opening Cruise Total # _____ of people attending

Saturday Night Party include both registrants & extra purchased tickets Total # _____ of people attending.

Please list any dietary restrictions you may have: _____

I'm disabled and would like to be contacted to discuss my special needs.

RETURN TO: FADRA, P.O. Box 770070 Winter Garden, FL 34777 • kim@fadra.org

Cancellations must be submitted in writing to Kim@fadra.org and will incur a \$50 cancellation fee.

No refunds will be processed after July 8.

PAYMENT INFORMATION

MAKE CHECK PAYABLE TO: FADRA
 Send to: Attn. Kim O'Dell, CMP, P.O. Box 770070 Winter Garden, FL 34777

Visa Mastercard AMEX

CC# _____

Exp. Date: _____ Verification Code: _____

OFFICE USE ONLY

Paid: \$ _____

Check #: _____

Date Received: _____