

FCCMA 2020 CONFERENCE REGISTRATION FORM

Rosen Shingle Creek, Orlando • May 27-30, 2020

Full Name: _____ First Name or Nickname: _____
(as you wish it to appear on your badge)

Title: _____ Affiliation: _____
(city, county or organization, etc.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

First-Time Attendee? ☐ Yes ☐ No

If you are registering a guest or child, please complete the following:

Adult Guest Full Name: _____ First Name or Nickname: _____

Adult Guest Full Name: _____ First Name or Nickname: _____

Child (under 18) Full Name: _____ First Name or Nickname: _____

Child (under 18) Full Name: _____ First Name or Nickname: _____

Please complete the Registration Information on the following page.

Note: Be sure to send in **BOTH** pages of the registration form. Registration **CANNOT** be processed without both pages.

CANCELLATION POLICY

Because of the requirement for advance attendance guarantees, cancellation must be received and confirmed in writing by **May 8, 2020**, to entitle registrants to a refund of registration fees. A \$25 administrative fee will be deducted from all refunds. All refunds will be issued after the conference.

SPECIAL NEEDS

If you are physically challenged and require special services, or if you have special dietary needs, please attach a written description to your advance registration form.

Please return to: FCCMA Annual Conference, P.O. Box 1757, Tallahassee, FL 32302. Payment must accompany each registration. No purchase order or phone registrations accepted. **Remember that you will not receive housing information to make reservations at the hotel until we receive your PAID registration.**

NOTE: If you are registering multiple individuals from a single government to take advantage of the special discount, these registrations must be sent in and paid at the same time.

Payment Information:

Amount Enclosed (enter total from back of registration form): \$ _____

NOTE: This form is for use with check payments only. To pay with Visa, MasterCard or American Express, please register online.

REGISTRATION INFORMATION

Registration Fees	By 5/8/20	After 5/8/20	Total Fee
FCCMA Government Member	\$450	\$560	\$_____
Additional Registrant from Same Government	\$420	\$560	\$_____
Non-Member Government	\$560	\$610	\$_____
Retiree/Student	\$85	\$135	\$_____
Thursday ONLY	\$255	\$315	\$_____
Friday ONLY	\$255	\$315	\$_____
Adult Guest	\$100 x _____	\$150 x _____	\$_____
Child (under 18)	\$25 x _____	\$50 x _____	\$_____

IMPORTANT: If you are registering a child, please check the block below to indicate if they will accompany you to the Friday night event or if they will be going into childcare.

☐ Friday Night Event

OR

☐ Friday Night Childcare

Number of children: _____

Age(s): _____

Number of children: _____

Age(s): _____

Special Events

Additional registration is required for these events. Please indicate your attendance, and include additional fees where required:

"So You Want to Be" Session _____ @ \$0.00 _____ @ \$0.00 \$ _____
 Ethics Session _____ @ \$75.00 _____ @ \$75.00 \$ _____

Inspirational Breakfast _____ @ \$35.00 _____ @ \$35.00 \$ _____
 Spouses' Gathering _____ @ \$0.00 _____ @ \$0.00 \$ _____

Grand Total Due (enter this amount on front of registration form): \$ _____