FRA Annual Conference October 24-26, 2012 Hilton Daytona Beach Oceanfront

Please return a completed form for each registrant with all fees payable to **FRA Annual Conference**, P.O. Box 1757, Tallahassee, Florida, 32302-1757. Visa or MasterCard payments may be faxed to Melanie Howe at (850) 222-3806 or e-mailed to *mhowe@flcities.com*. *Member rates are available only to paid members as of registration date.* Contact Melanie Howe at (850) 701-3642 with questions. **All advance registrations must be received by October 12, 2012. THANK YOU!**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business/Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If paying by credit card below, please use card billing address)**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Fill in only if purchasing the guest registration below)**

Payment Must Accompany Each Registration

❑ Check (Payable to FRA Annual Conference) ❑ Visa ❑ MasterCard

Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Registration Type | Member \* | **Non -Member** | **Sub-Total** |
| Full Registration\* | $345 | $425 |  |
| Wednesday Only\* | $285 | $305 |  |
| Thursday Only\* | $300 | $325 |  |
| Spouse\* | $275 | $300 |  |
| Student \*\* | COMP | COMP |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Extra Events\*\*\* | Member | **Non – Member** | Sub-Total |
| **Halifax Area CRAs Tour**  **(Wed., 8:00 - 11:00 a.m.)**  **New Smyrna Beach CRA Tour**  **(Wed. 8:00 - 11:00 a.m.)**  **CRA Basics Board Training**  **(Wed. 8:00 - 11:00 a.m.)** | $15 x \_\_\_\_\_  $15 x \_\_\_\_\_  $25 x \_\_\_\_\_ | $15 x \_\_\_\_\_  $15 x \_\_\_\_\_  $25 x \_\_\_\_\_ | \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ |

### Total Payment Enclosed: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Your agency or business must be a paid member of the FRA at the time of registration. Cancellations must be received in writing by October 12, 2012 to entitle registrant to a refund of registration fees, minus a $50 processing fee.**

**\*** **Full registration** **and Guest registration** include **all** workshops and meal functions scheduled for the conference. **NOTE: Guests** are defined as spouses, partners or other non-professional relations of conference registrants. Guest registration **may not** be used for other staff or company representatives.

**One-day registration** includes workshops and meal functions scheduled for that day **only**.

\*\***Complimentary student registration** is available to full time students at the university level. This includes access to all workshops and the exhibit hall, but no food functions.

\*\*\*The mobile tours and pre-conference seminar are **NOT** included with any registration package, please purchase separately.

# EXTRA TICKETS FOR MEALS ARE AVAILABLE BY REQUEST ($45 for evening events, $25 for other – *check www.redevelopment.net*.)

**Special Needs:** If you have special physical or dietary needs, please attach a written description to your advance registration.