Florida Redevelopment Association October 7-10, 2014\* Hilton Miami Downtown

*This registration form is required to register- program information is available at* [*www.redevelopment.net*](http://www.redevelopment.net)*.* 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 emailed to *mhowe@flcities.com**,* orcalled in at *850-701-3642*. ***Member rates are available only to paid members as of registration date.***  All advance registrations must be received by September 22, 2014**.** Cancellations in writing by close of business September 22, 2014 may receive a refund less a $50 processing fee.

*\*CHECK PROGRAM FOR DETAILS at* [*www.redevelopment.net*](http://www.redevelopment.net) *– there are other events w online registration.*

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

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

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

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please submit payment with 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-totals** |
| Full Registration\*\* | $ 395 | $ 480 |  |
| Wednesday Only\*\*\* | $ 325 | $ 350 |  |
| Thursday Only\*\*\* | $ 345 | $ 375 |  |
| Guest/Spouse\*\* | $ 315 | $ 345 |  |
| CRA BD Basics\*\*\*\* | $ 25 | $ 25 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Tours\*\*\*\* | Rate |  | Subtotals |
| ***WEDNESDAY******October 8, 2014******8:00 am - 11:00 am*****Miami Downtown and River****Miami Beach CRAs****Miami CRAs**  | $ x 40$ x 25$ x 25  |   | $\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_ |

###  GRAND TOTAL Payment Enclosed: $ \_\_\_\_\_\_\_\_\_

**\* Members:** your agency or business FRA dues must be **current** at the time of event registration.

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

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

\*\*\*\***Mobile tours and CRA Basics** registrations must be purchased separately and are not included.

# EXTRA TICKETS FOR MEALS ARE AVAILABLE BY REQUEST ($45 for evening events, $25 other – contact mhowe@flcities.com)

***Special Needs:*** *If you have special physical needs, or a dietary preference, please let us know on the registration form. Thanks!*