

## Florida Redevelopment Association

## **EAST CENTRAL REGIONAL MEETING**

Return completed form with fee to FRA, P.O. Box 1757, Tallahassee, Florida 32302-1757. Checks accepted, or payments by Visa or MasterCard may be faxed to (850)222-3806. Contact Jan Piland at <a href="mailto:jpiland@flcities.com">jpiland@flcities.com</a> or (850)701-3622. Onsite registration is open on a space available basis.

Date:	Friday, May 18, 201	2	
Time:	9:00 a.m. – 2:00 p.m.		
Location:	Kissimmee Civic Cen 201 East Dakin Aver Kissimmee, FL		
Cost:	\$20 (lunch provided	)	
Full Name		Nickname	_
Title		Agency Affiliation	
Mailing Address _			_
	State Zip		_
Phone		FAX	
E-Mail			
	ccompany each form!		
☐ Check (Payab	le to FRA) 🛭 Visa 📮 Masi	terCard	
Credit Card Number			
Card Billing Add	ress		
Expiration Date Security Code			
Card Holder's N	ame		