

**Florida Redevelopment Association Annual Conference
October 19-21, 2011 – Hilton Orlando**

Conference Registration Form

Please return completed forms and all fees payable to **FRA Annual Conference**, P.O. Box 1757, Tallahassee, Florida 32302-1757. Payments by Visa or MasterCard may be faxed to Melanie Howe at (850) 222-3806. ***Download additional forms at www.redevelopment.net.*** If you have any questions, contact Melanie at (850) 222-9684 or mhowe@flcities.com. To guarantee space, we recommend that you register by October 7, 2011.

Note: A separate form is required for each registrant.

Full Name: _____ Nickname: _____

Title: _____ Agency Affiliation: _____

Mailing Address: _____

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

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-Mail: _____ @ _____

Spouse Name: _____ Nickname: _____

*(**Only** if purchasing Spouse 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*	\$295	\$375	
Wednesday Only**	\$235	\$260	
Thursday Only**	\$250	\$275	
Guest/Spouse*	\$220	\$250	
Students (no meals)	Sign Up FREE	Sign Up FREE	

Cancellations must be received in writing by October 7, 2011 for a full refund of fees.

*** Full registration and Guest/Spouse registrations** include all workshops and meal functions. Guests are spouses, partners or 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.

EXTRA TICKETS FOR MEALS ARE AVAILABLE BY REQUEST to Melanie Howe at mhowe@flcities.com. (\$25 for lunches, \$45 for evening events, \$25 for Friday breakfast. (Check the program at www.redevelopment.net.)

Total Fees Enclosed: \$ _____

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