



Treasure Coast Regional Meeting

**Friday
September 30, 2011**

Registration Form

Return completed form with fee to FRA, P.O. Box 1757, Tallahassee, Florida 32302-1757. Checks accepted, or payments by Visa or MasterCard must be faxed to 850/222-3806. If you have any questions, contact Jan Piland at (850) 701-3622 or go to www.redevelopment.net.

Date: **Friday, September 30, 2011**
Time: **4:00 p.m. – 7:00 p.m.**
Location: **City Center: Flagler Gallery**
401 Clematis Street
West Palm Beach, FL

Cost: **\$10.00 (includes program, trolley tour, VIP Tent, light hors d'oeuvres and drinks)**

Full Name: _____ Nickname: _____

Title: _____ Agency Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-Mail: _____

Payment must accompany each form

\$10.00 (includes program, trolley tour, VIP Tent, light hors d'oeuvres and drinks)

☐ Check (Payable to **FRA**) ☐ Visa ☐ MasterCard

Credit Card Number _____

Card Billing Address: _____

Expiration Date _____ Security Code _ _ _

Card Holder's Name _____ Signature _____

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