

**FLORIDA SCHOOL FINANCE OFFICERS ASSOCIATION
REGISTRATION FORM**

We would like to request and encourage all participants to pre-register for the June 2009 Conference to be held at the Renaissance Resort at World Golf Village, St. Augustine
Registration privileges are transferable within districts.

SPONSORS/VENDORS - Please do not use this form. Complete SPONSOR REGISTRATION which may be downloaded from our website at : <http://www.fsfoa.org/Data/sponsorJUNE09.pdf>

Please fill out credit card information below or make checks payable to FSFOA and mail directly to:

**School Board of Polk County
1915 South Floral Avenue
Bartow, FL 33830
Attn: Audra Curts-Whann
863-534-0540
audra.curts@polk-fl.net**

Thank You

FSFOA, Officers and Directors

**FLORIDA SCHOOL FINANCE OFFICERS ASSOCIATION
REGISTRATION
2009 JUNE CONFERENCE
June 16-19, 2009**

<input type="checkbox"/>	Registration, Members	\$175.00	_____
<input type="checkbox"/>	Registration, Charter Schools Guests	\$200.00	_____
<input type="checkbox"/>	Registration, Nonmembers	\$250.00	_____
<input type="checkbox"/>	Registration, Honoraries (Retirees)	\$65.00	_____
<input type="checkbox"/>	Associate (DOE & Other State)	\$100.00	_____
<input type="checkbox"/>	Guests (includes breakfast, breaks and banquet)		_____
	Adults	\$75.00	_____
	Children	\$25.00	_____
	Family	\$100.00	_____
<input type="checkbox"/>	Membership Fee - to be paid once per year (effective date January 1 - December 31, 2009)	\$25.00	_____
<input type="checkbox"/>	Late Registration Fee	\$50.00	_____
	TOTAL ENCLOSED		\$ _____

PLEASE PRINT THE FOLLOWING INFORMATION

Name: _____
 Title: _____
 District: _____
 Telephone Number: _____ Fax: _____
 E-mail address: _____

CREDIT CARD INFORMATION:

Cardholder Name: _____
 Credit Card Number: _____ - _____ - _____ - _____ Type of Card: VISA MC AMEX
 Billing Address for Credit Card: _____ Card Expiration: _____ / _____
 _____ CVV Code: _____
 (Required)

CARDHOLDER SIGNATURE: _____