

**FLORIDA SCHOOL FINANCE OFFICERS ASSOCIATION
REGISTRATION FORM**

We would like to request and encourage all participants to pre-register for the November 2009 Conference to be held at the Renaissance Resort Orlando Airport
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/nov09/spon_Form.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 NOVEMBER CONFERENCE
November 3 - 6, 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"/> | Special Session - CPE - "Ethics for Governmental CPA's in Florida" TUESDAY 11/3/2009 1:00pm-4:30pm | \$30.00 | _____ |
| <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 OR TYPE 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 Discover
 Billing Address for Credit Card: _____ Card Expiration: ____ / ____
 CVV Code: _____
 (Required)

CARDHOLDER SIGNATURE: _____