



FCPA

Florida Cleft Palate-Craniofacial Association, Inc.

2010 50th Annual Symposium Registration Form

August 27th-28th, 2010

Make checks payable to **Florida Cleft Palate - Craniofacial Association** (info@floridacleft.org) and mail with this registration form to: FCPA Secretary, P.O. Box 6006, Brandon, FL 33508, FAX: 813-655-6537

Sorry, we do not accept credit card payments. We will accommodate Government and institutions by providing a pro-forma invoice, if required.

NAME: _____

Specialty: _____

Street: _____

City: _____ ST: _____ ZIP: _____

Business Phone: _____ FAX: _____

Email-address PLEASE: _____ (Required for receipts, acknowledgements and future meetings advances. We DO NOT sell or distribute your email address. Only FCPA members may request email addresses)

FOR STUDENTS: NO FEE for Pre-Conference & Symposium or Member Application. (check attendance below)

___ Pre-Conference (no fee)

___ Symposium (no fee)

___ Membership Application Attached (Required)

\$ _____ Annual Luncheon (**\$20** fee applies)

\$ _____ **Total Enclosed** (Put N/A unless you are going to the luncheon)

Please include a Membership Application to be submitted with this registration. Complimentary Student admission requires a letter from your faculty advisor on letterhead stating you are currently enrolled.

Symposium will be at **The Naples Grande Resort, 475 Seagate Drive, Naples, Florida 34103, (888) 422-6177, www.naplesgranderesort.com**

Enjoy world class swimming pools, slides and a beautiful private beach. Incredible Room Rate: \$115 /night, available 3 days prior to and after the symposium.

Rooms are subject to availability, so book as early as possible!

*****We accept CASH or CHECK only for Symposium Registration on the day of the conference.*****

