

2008 Winter Symposium Registration Form

January 11-13, 2008

Make checks payable to **Florida Cleft Palate - Craniofacial Association** (info@floridacleft.org) and **mail** with this registration form to: FCPA Secretary, Box 4203, Deerfield Beach, FL 33442

NAME: _____

Specialty: _____

Street: _____

City: _____ ST: _____ ZIP: _____

Business Phone: _____ FAX: _____

Email-address PLEASE: (For future meetings advances. We DO NOT sell your email address. Only FCPA members may request email addresses): _____

FOR FCPA CURRENT(2007) MEMBER PROFESSIONALS (ATTENDING the symposium):

\$ _____ Member – Symp. Fee: **\$140** postmarked on or before Dec 31 (Incl. Dues & luncheon)

\$ _____ Member – Symp. Late Fee: **\$160** post-marked after Dec 31 (Incl. Dues & luncheon) or on the day. **We only accept CASH or CHECK on the day of the conference.**

\$ _____ Extra Sat. Luncheon(s): **\$20** per person as your guest

\$ _____ Registration fee for Nurses Pre-Symposium Conference: \$50

\$ _____ Registration fee for Speech Pre-Symposium Conference: \$50

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

____ Pre-Conference (no fee)

____ Symposium (no fee)

____ Membership Application Attached (Allows you to attend next year at Member Rates)

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

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

FOR PARENTS: (Check attendance and number attending)

____ Check - Pre-Registration for Parent Session on Saturday – NO FEE REQUIRED

____ Sat. Luncheon

FOR FCPA MEMBER PROFESSIONALS (NOT attending the symposium):

\$ _____ 2008 Dues only: **\$100** - Pay ONLY if NOT attending the Symposium.

\$ _____ **Total Enclosed**

FOR NON-MEMBER PROFESSIONALS (ATTENDING the symposium):

\$ _____ Non-Member – Registration Fee: **\$160** (Includes 2008 dues and luncheon for one)

\$ _____ Extra Sat. Luncheon(s): **\$20** per person as your guest

\$ _____ Registration fee for Nurses Pre-Symposium Conference: \$50

\$ _____ Registration fee for Speech Pre-Symposium Conference: \$50

\$ _____ **Total Enclosed**

The Symposium will be at **The Shores Resort and Spa** at 2637 South Atlantic Avenue, Daytona Beach Shores, Fl. 32118. Reservations may be made directly to the Shores Resort and Spa Hotel, Toll Free at 1-866-934-SHORES (746737) or via fax at 386-760-3651. Visit the web site: www.shoresresort.com

The deadline for guaranteed reduced rate of \$ 149.00 is **12/18/07**. The reduced rate is good from 1/10/08 - 1/14/08. Rooms are subject to availability, so book as early as possible!

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