



FCPA

2009 Winter Symposium Registration Form

January 9 - 11, 2009

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

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 FCPA CURRENT(2008) 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
\$ _____ **Total Enclosed**

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):

\$ _____ 2009 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 2009 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 Plaza Resort and Spa**, 600 North Atlantic Avenue, Daytona Beach, Fl. 32118. Reservations may be made directly to The Plaza Resort and Spa, Toll Free at 1-800-DAYTONA (800-329-8662). Visit the web site: www.plazaresortandspa.com

The deadline for guaranteed reduced rate of \$ 139.00 is 12/15/08. The reduced rate is good from 1/8/09 - 1/12/09, and **is only available through the toll-free 800 telephone number.**

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.*****