



THE FLORIDA  
CLEFT PALATE  
CRANIOFACIAL  
ASSOCIATION

# Johns Hopkins All Children's Hospital January 18, 2020 - St. Petersburg , FL

Main Registrants Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## REGISTRATION FEES:

### MEMBERS:

	Before 11/30/19	Onsite
• Professionals (W/Voting Privileges)	\$150	\$200
• Nurse/Speech Therapist	\$100	\$150
• Resident/Fellows/Student/CFY	\$30	\$75
• Other Healthcare Personnel	\$20	\$25
• Family Member	\$20	\$25

*To be eligible for this category of registration, your dues for 2019 must have been received by August 31, 2019.*

### NON-MEMBERS:

• Professionals	\$300	\$350
• Nurse/Speech Therapist	\$250	\$300
• Resident/Fellows/Student/CFY	\$60	\$110
• Other Healthcare Personnel	\$30	\$50
• Family Member	\$30	\$50

**Total Registration Fee(s):\$ \_\_\_\_\_**

### Credit Card Payment:

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

3/4 Digit: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address(if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Checks Payable to:

Florida Cleft Palate Craniofacial Association (FCPA)  
6300 Sagewood Drive, H255  
Park City, UT 84098

**Questions?** Contact the FCPA Office at (435)602-1329  
or [srussell@hdplanit.com](mailto:srussell@hdplanit.com)

***A confirmation of registration will be e-mailed to you once your payment is processed.***

**Cancellation Policy:** Full refunds minus a \$15 service charge will be considered if written notice of cancellation is received on or before November 1, 2019. No refunds will be given after November 1, 2019.