



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
• Medical Professional (nurse, speech, professional team member)	\$100	\$150
• Resident/Fellows/Student/CFY	\$30	\$75
• Other Healthcare Liaison (staff, counselor, etc.)	\$20	\$25
• Family Member	Complimentary	

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
• Medical Professional (nurse, speech, professional team member)	\$250	\$300
• Resident/Fellows/Student/CFY	\$60	\$110
• Other Healthcare Liaison (staff, counselor, etc.)	\$30	\$50
• Family Member	Complimentary	

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

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.