

FHPCA Forum 2015 Registration



Conference Rate Information

FULL CONFERENCE REGISTRATION (May 21 & 22)

\$410.00 Early Bird Rate (Received by 2/27/15)

\$475.00 Regular Rate (After 2/27/15*)

Includes two plenary sessions, five breakout sessions, continental breakfast and refreshment breaks each day, Thursday Awards of Excellence luncheon, live art performance, Thursday cocktail social hour, Friday lunch, digital conference handout materials, other conference materials, and continuing education credit hours. Does not include cost of lodging, travel expense, or additional meals.

THURSDAY ONLY REGISTRATION (May 21 ONLY)

\$235.00 Early Bird Rate (Received by 2/27/15)

\$270.00 Regular Rate (After 2/27/15*)

Includes one plenary sessions, three breakout sessions, continental breakfast and refreshment break, Awards of Excellence luncheon, live art performance, cocktail social hour, digital conference handout materials, other conference materials, and continuing education credit hours. Does not include cost of lodging, travel expense, or additional meals.

FRIDAY ONLY REGISTRATION (May 22 ONLY)

\$199.00 Early Bird Rate (Received by 2/27/15)

\$240.00 Regular Rate (After 2/27/15*)

Includes one plenary session, two breakout sessions (three if attending the Palmetto GBA Update), continental breakfast, lunch and refreshment breaks, digital conference handout materials, other conference materials and continuing education credit hours. Does not include cost of lodging, travel expense, or additional meals.

GUEST MEAL PASS

If you would like to bring a spouse or child, this pass allows admission to the meals only. The pass can only be purchased in conjunction with a conference admission. Allows admission to meals (including Thursday's Awards of Excellence luncheon) breaks, receptions and Exhibition Hall only.

\$100.00 Full Conference (both days) \$75.00 Thursday Pass Only \$50.00 Friday Pass Only

**Registrations received or changed after 5/8/15 will incur a \$50 charge.*

Organization Information:

Company / Organization Name

Organization Mailing Address

Telephone #

Fax #

Primary Contact Name

Primary Contact Phone #

Primary Contact Email

Method of Payment: (Note: registrations received incomplete or without payment will not be processed)

Total # of Full Registrations _____ + Total # of Thurs Registrations _____ + Total # of Fri Registrations _____ + Total # of Guest Meal Passes _____ = \$ _____ Total Registration Amount

Enclosed is the amount of: \$

Make checks payable to Florida Hospice & Palliative Care Association

Charge the total fee of \$ _____ to my credit card. VISA Mastercard AMEX Discover

Card Number:

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Expire Date:

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Code:

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Card Holder Name

Phone # Associated with Card

Credit Card Billing Address

Three Easy Ways To Submit Your Registration:

EMAIL:
Send your completed form and credit card information to
info@floridahospices.org

FAX:
Send your completed form and credit card information to 850.878.5688

MAIL (completed form & payment):
Florida Hospice & Palliative Care Association
2000 Apalachee Parkway, Suite 200, Tallahassee, FL 32301

Forum Attendees (under one payment) *Please fill out a new form for any additional attendees using a different payment method. Please type or print legibly.*

1.

_____	_____	_____
First & Last Name	Job Title	Email Address
_____	License Type & #: _____	
_____	Registration Type:	Meal Preference:
Badge Name	<input type="checkbox"/> Full <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only <input type="checkbox"/> Meal Pass	<input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Dairy-Free <input type="checkbox"/> Gluten-Free

2.

_____	_____	_____
First & Last Name	Job Title	Email Address
_____	License Type & #: _____	
_____	Registration Type:	Meal Preference:
Badge Name	<input type="checkbox"/> Full <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only <input type="checkbox"/> Meal Pass	<input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Dairy-Free <input type="checkbox"/> Gluten-Free

3.

_____	_____	_____
First & Last Name	Job Title	Email Address
_____	License Type & #: _____	
_____	Registration Type:	Meal Preference:
Badge Name	<input type="checkbox"/> Full <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only <input type="checkbox"/> Meal Pass	<input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Dairy-Free <input type="checkbox"/> Gluten-Free

4.

_____	_____	_____
First & Last Name	Job Title	Email Address
_____	License Type & #: _____	
_____	Registration Type:	Meal Preference:
Badge Name	<input type="checkbox"/> Full <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only <input type="checkbox"/> Meal Pass	<input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Dairy-Free <input type="checkbox"/> Gluten-Free