



2018 FALL SEMINAR REGISTRATION FORM

October 26-28, 2018 • Safety Harbor Resort and Spa • Safety Harbor, Florida • Hosted by the Pinellas Chapter

REGISTRANT INFORMATION PRINT YOUR NAME AND DESIGNATION AS YOU WANT IT TO APPEAR ON YOUR NAME BADGE

Name (please print or type) _____
 Designation (e.g., CP, FRP) _____
 Address _____
 City/State/Zip _____
 Phone _____
 Email _____ Affiliation/Employer _____
 Emergency Contact _____ Phone _____

- For networking purposes, would you like your information to appear on the meeting registration list seen by fellow attendees and exhibitors?
- Yes, I'd like to network and receive contact information for attendees and sponsors/exhibitors. No, please keep my information private.
- This is my first PAF conference.
 I require special accommodations to fully participate. (Please include a written description of your needs on separate sheet.)
 I require special dietary restrictions. (Please list: _____)

By registering for the PAF Fall Seminar, I hereby grant permission to use any and all photographic imagery and video and allow the association to provide my name to the hotel for the purpose of a rooms audit.

REGISTRATION FEES

Early Bird by 9/11/18

9/12/18 - 10/12/18

After 10/13/18 & On-Site

Full Seminar (includes all CLE sessions, Meet & Greet, Breakfast & Luncheon)

<input type="checkbox"/> PAF Member	\$125	\$155	\$185
<input type="checkbox"/> Non-Member	\$155	\$185	\$215
<input type="checkbox"/> Student	\$50	\$50	\$50

ADDITIONAL TICKETS/OPTIONS (TICKETS ARE NON-REFUNDABLE)

Select event and indicate # of tickets.

- Meet & Greet Reception (Friday) (One ticket included in full registration) _____ # of tickets x \$40 (each) \$ _____
 Luncheon (Saturday) (One ticket included in full registration) _____ # of tickets x \$50 (each) \$ _____

PAYMENT METHOD:

- Check (Please make check payable to PAF)
 Credit Card: MasterCard Visa American Express

Account # _____ Exp. Date _____

Card Holder's Name _____ CVV Code _____

Signature _____

Credit Card Billing Address Same as above

Address _____

City/St/Zip _____

TOTAL FEES: \$ _____

Mail check and registration form to PAF 2018 Fall Seminar, 222 S. Westmonte Dr, #111, Altamonte Springs, FL 32714. (Facsimile registrations accepted ONLY for credit card payment). Fax 407-774-6440. No registration accepted by phone.

A \$75.00 administrative fee will be deducted from all refunds made for cancellations received in writing by October 12, 2018. No refunds will be made for cancellations received after this date. All refunds will be processed after the conference. NOTE: If you are NOT a member and register at the member rate, by signing this form you are giving PAF permission to charge the non-member rate to your credit card. All registration deadlines are strictly adhered to and registrations received after the published deadlines will be charged the appropriate rate according to date postmarked or fax date. STUDENT REFUND POLICY: A refund less a \$10 processing fee will be deducted for a Student Registration through October 12, 2018. No refunds will be made for cancellations received after this date.

TO AVOID DUPLICATE CHARGES, DO NOT MAIL THE ORIGINAL REGISTRATION FORM IF YOU HAVE FAXED IT TO PAF HEADQUARTERS!