

FAMA 2020 SPRING MEETING OFFLINE REGISTRATION FORM

The Don CeSar Hotel 3400 Gulf Blvd., St. Pete Beach, FL 33706 March 21-24, 2019

NOTE: This form is provided to add a guest to your prior online registration or to utilize a meeting registration fee credit.

Online Registration: https://www.fama.org/spring 2020/

<u>Please print clearly (this information is</u>	used to produce your atter	ndee nametag): Date:	
Member Company			
Member Representative First and La	st Name:		
Phone		Mobile	
		Are you a first-time attendee?	
		If Yes, please specify	
Bringing a Spouse or Guest?			
If Yes, First and Last Name:			
Spouse/Guest E-mail		Mobile	
(Employees of member companies a			
Spouse/Guest Food allergies? Yes _	No If Yes,	please specify	
Spouse/Guest Program			
·	Event times are 9:00 am	n - 12:30 p.m. Final event details will b	e posted at
The state of the s		st for this program, but for planning p	urposes, advance
registration is necessary. Spouse/Gu			
		Attend Undecided A	
NOTE: If planning to a	ittend, the spouse/guest	email and mobile number are require	d.
FAMA Golf Tournament If you wan	it to register to play golf	on Sunday, March 22 nd , there is a requ	uired online
•		NMJ. The deadline to register is: Satu	
	MEETING REGIST	RATION FEE SCHEDULE	
Member Representative Fee	\$ 350.00 per pe	erson \$	
Spouse/Guest Fee	\$ 200.00 per pe		
Children ages 11 +	\$ 200.00 per pe	erson \$	
Children ages 3-10	\$ 100.00 per per		
Children under age 2	no charge		
	Meeting Regist	ration Credits Available \$	
	Amount o	f Registration Fees Due \$	
HOTEL RESERVATIONS: Book your I	notel reservation separa	tely and directly with the hotel. The l	ink and details for
•	•	g-meeting/ or call the Hotel Reservatio	n Number: 800-282-1116
Be sure to specify group name: FAM	1A 2020 Spring Meeting.		
Group Room Rate: \$309/n	plus applicable taxes	Deadline for Reservations: Frida	ay, January 24, 2020
Credit Card Information F	Required if there are Me	eting Registration Fees Due Above – J	<u>Please Print Clearly</u>
CARD NI IMBER		EXP (mm/yy)	(CCV# is not needed)
			(CCV# 13 Hot Heeded)
NAME ON CARD			
BILLING ADDRESS OF CARD			
CITY AND CTATE		710 0005	

Scan and e-mail the completed form to info@fama.org for processing. A receipt will be emailed in return.