



FLORIDA STATE CONFERENCE REGISTRATION FORM *(For All Attendees)*

DATE: _____

BRANCH NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE # _____ FAX # _____

E-MAIL: _____

BRANCH REGISTRATION = ONE (1) DELEGATE: \$100.00 _____
(INCLUDES 1 WIN Ticket)

	<u>FEE</u>	<u>NO#</u>	<u>AMOUNT</u>
DELEGATE REGISTRATION (Meals Not Included)	\$60.00	_____	\$ _____
OBSERVER (Meals Not Included)	\$60.00	_____	\$ _____
TICKETS:			
WIN Breakfast	\$20.00	_____	\$ _____
Friday (Labor) Luncheon	\$25.00	_____	\$ _____
Saturday (Membership) Luncheon	\$25.00	_____	\$ _____
Freedom Fund Dinner	\$50.00	_____	\$ _____
TOTALS:		_____	\$ _____

<u>ASSESSMENTS</u>
FF = \$ _____
STATE = \$ _____

PLEASE PRINT NAMES OF DELLEGATES/OBSERVERS

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |
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President's Signature

Secretary's Signature

Print Name

Print Name

Alternate to pick up tickets

Signature

Print Name

White = Treasurer

Yellow = Asst. Treasurer

Pink = Branch/Delegate/Observer