

# Conference Registration • Fill In and Return

44th Annual Conference Change your Latitude, Elevate your Attitude,  
and find your lost shaker of salt • July 22-25, 2018

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Facility: \_\_\_\_\_ District #: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City, St., Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, St., Zip: \_\_\_\_\_

When paying By Credit Card please include Authorization Form from the website: [www.FHCACA.com](http://www.FHCACA.com)

Member (F.H.C.A.C.A.)?  Yes  No Is this your first Conference?  Yes  No

Costs:  Member Fee: \$275 – 4 days  One Day Registration \$75  
 Non-Member Fee: \$400 – 4 days  Non-Member One Day Registration \$150  
 Late Fee: \$50 (if received later than July 10, 2018) Vegetarian:  Yes  No  
Extra Banquet Tickets?  Yes  No \$55 each/how many tickets? \_\_\_\_\_

**REFUND REQUESTS** (subject to approval) must be in writing and a 25% administrative fee will be charged. All requests for refunds must be submitted prior to July 10, 2018. No refunds will be given after July 10, 2018.

Make check payable to: **F.H.C.A.C.A. (F.H.C.A.C.A. DOES ACCEPT ALL CREDIT CARDS.)**

**Mary D. Spikes PO Box 21492 St. Petersburg FL 33742 • [www.FHCACA.com](http://www.FHCACA.com)**

- Fees include registration for the entire conference, breaks, meals, and hand-out materials as stated in the program.
- Requests for auxiliary aids or services identified in the Americans with Disabilities Act (ADA) should be made five (5) working days prior to the event. Call Professional Development Chair, Nancy Hawk - Cell 1-863-214-5772.
- You are responsible for hotel reservations. Call the hotel directly.

**F.H.C.A.C.A. PHOTO RELEASE:** Please read the photo release below and check the appropriate box: \_\_\_ I give my permission. \_\_\_ I DO NOT give my permission for the Florida Health Care Activity Coordinators Association to publish my name and/or photos taken at the 2018 annual conference in Orlando FL in the association's publications, videos and/or website. I further understand it is my responsibility to make sure I am not in a group photo if I do not want my picture to appear in future publications or on the FHCACA website. Please initial \_\_\_\_\_.

Note: Implied consent is granted if one of the boxes is NOT checked. PLEASE PRINT CLEARLY:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## Hotel Reservation Information

Send directly to hotel: **Rosen Plaza Hotel**

**9700 International Drive, Orlando, FL 32819 • Phone 407-996-9700 • Fax 407-996-9111**

Name: \_\_\_\_\_ Organization: Florida Health Care Activity Coordinators Association

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Arrival Date \_\_\_\_\_ Hour (Check-in time 3:00 p.m.) \_\_\_\_\_ Departure Date (Check-out time 12 Noon) \_\_\_\_\_ # of people in room/sharing with \_\_\_\_\_  
A one night deposit by check or credit card is required. Check enclosed: \$ \_\_\_\_\_ (Personal checks NOT accepted for payment at check-out)  
Please charge to my  MasterCard  Visa  AMEX. Deposits will be billed on receipt or reservation request.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ Name on Card / Signature \_\_\_\_\_

**CREDIT AUTHORIZATION POLICY.** All hotel room charges must be accompanied by first night's room deposit.

**ROOM RATE:** \$122.00 per night/ plus taxes. **Parking FEE:** Parking waived if you are a guest. Please inform the hotel that you are with FHCACA when making your reservation to obtain this rate. MAKE YOUR RESERVATIONS AS SOON AS POSSIBLE. **The cut off date is June 15, 2018.** After June 15, 2018, all group requests will be subject to rate/room type availability. Each room has a blow-dryer, coffee maker, iron etc.