

Mid-Year Workshop Registration – Fill in and Return

January 30th, 2021

Rosen Plaza Hotel – 9700 International Blvd. – Orlando FL 32819 – 407.996.9700

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

Member (FHCACA) ? (Yes) (No)

Cost: () Member Fee: \$75 () Non-Member Fee: \$100

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

Mary D. Spikes – P.O. Box 4143 – Seminole, Florida 33775 – 727.433.0863

Fees include registration for sessions, lunch and hand-out materials

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, Dakotah Nalley at (813) - 486 - 5194

You are responsible for hotel reservations. Call the hotel directly. (407.996.9700)

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 2019 Mid-Year Workshop 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 Reservations: 407-996-9700 – Hotel reservation cutoff is December 29, 2020