

# Conference Registration • Fill In and Return

48th Summer Seminar "Shooting for the Stars" • July 7<sup>th</sup> & 8<sup>th</sup> 2023

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: \$100  Non-Member Fee: \$150

Late Fee: \$50 (if received later than June 25, 2023) Vegetarian:  Yes  No

**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 June 25, 2023. No refunds will be given after June 25, 2023.

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 4143, Seminole FL 33775 • [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, Chris Gerard 407-435-5897 cell.
- 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 2023 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 \_\_\_\_\_

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## Hotel Reservation Information

Send directly to hotel: **Rosen Inn Pointe Orlando**  
9000 International Dr Orlando FL. 407-996-8585

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:** \$85.00 per night/ plus taxes. **Parking fee will be waived.** 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 30, 2023.** After June 30, 2023, all group requests will be subject to rate/room type availability. Each room has a blow-dryer, coffee maker, iron etc.