

Florida Concrete & Products Association, Inc.

55th Annual Convention

June 25-28, 2009 - Ritz Carlton, Naples

REGISTRATION FORM

Please print name and company name EXACTLY as you want them to appear on your name badge.

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____ Fax _____

Spouse/Guest Names (guests should not be employees of a member company) _____

REGISTRATION FEES - Register before May 23 to receive discount.

Member Fee - No registration fee for spouse/guest..... \$495 before May 25; \$520 on or after May 25 \$ _____

Please mark boxes for all events you and/or your guest(s) will be attending.

Friday - June 26:

		Member	Guest	Add'l Guest(s)	
8:00 am - Keynote Breakfast	\$35 per person	<input type="checkbox"/>	<input type="checkbox"/>	# _____	\$ _____
6:00 pm - Family Welcome Reception	\$35 per adult	<input type="checkbox"/>	<input type="checkbox"/>	# _____	\$ _____

Saturday - June 27:

8:00 am - Golf Tournament	\$150 per person	<input type="checkbox"/>	<input type="checkbox"/>	# _____	\$ _____
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GOLF HANDICAP: _____

NAME OF GUEST(S) PLAYING GOLF: _____ GUEST(S) HANDICAP: _____

GOLF FOURSOME REQUESTED (please list up to three other people to golf with)

Mulligans (2 per person)	\$20 per person	# _____	# _____	# _____	\$ _____
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Corporate Golf Hole Sponsorship - Hole # _____	\$500	<input type="checkbox"/>			\$ _____
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Beverage Cart Sponsorship	\$600	<input type="checkbox"/>			\$ _____
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8:00 am - Tennis Tournament	\$60 per person	<input type="checkbox"/>	<input type="checkbox"/>	# _____	\$ _____
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7:00 pm - Dinner, Awards & Casino	\$160 per person	<input type="checkbox"/>	<input type="checkbox"/>	# _____	\$ _____
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TOTAL \$ _____

METHOD OF PAYMENT

Mail to: FC&PA, Attn: Brandie, 6353 Lee Vista Blvd, Orlando, FL 32822

Fax to: (407) 895-3733, Attn: Brandie

Email to: btapscott@fcpa.org

Cancellation Policy

A refund will be granted to registrants who contact the Association IN WRITING on or before Friday, June 5, 2009. NO REFUNDS AFTER THIS DATE.

Check # _____ for \$ _____ enclosed.

Charge to: Amex MasterCard

Visa Discover

Card No.: _____

Expiration: _____

Signature: _____

Phone: _____

REGISTER ONLINE AT www.peopleware.net/2838