



2010 Annual Florida Library Association  
 Conference & Exhibits  
 April 7-9, 2010  
 Orlando, Florida  
 Attendee Registration Form



Register online at [http://www.flalib.org/conference\\_2010.php](http://www.flalib.org/conference_2010.php)

Organization: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please print clearly. All communication will come through email.

**Registration – Early Registration valid through February 1, 2010**

Member Registration	Early	Late	Non-Member Registration	Early	Late
Full Conference	<input type="checkbox"/> \$115	<input type="checkbox"/> \$125	Full Conference	<input type="checkbox"/> \$185	<input type="checkbox"/> \$205
Single Day	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	Single Day	<input type="checkbox"/> \$150	<input type="checkbox"/> \$160
Library Supporter	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	Library Supporter	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60
Exhibit Hall Only	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	Exhibit Hall Only	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
Student - Full	<input type="checkbox"/> \$50		Student – 1 Day	<input type="checkbox"/> \$30	
Friends Day	<input type="checkbox"/> \$40				
Friends, Foundation & Board Luncheon & Awards – Thursday, April 8				<input type="checkbox"/> \$30	
Florida Book Awards Banquet – Thursday, April 8			<input type="checkbox"/> \$50 Beef	<input type="checkbox"/> \$45 Chicken	<input type="checkbox"/> \$40 Vegetarian
FLA Friday Closing Luncheon			<input type="checkbox"/> \$35		
I will attend the Mystery Writers Breakfast.		<input type="checkbox"/> Yes	<input type="checkbox"/> NO		

Grand Total: \_\_\_\_\_

I agree to pay the above amount for the 2010 Florida Library Association Annual Conference

**Method of Payment** - Please circle one:      Visa    MasterCard    American Express    Check

I authorize CMC & Associates to charge my credit card for the above amount.

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_ Email of cardholder: \_\_\_\_\_

Conference Registration and Information – Mail or fax your form to:  
 CMC & Associates  
 2713 Blairstone Lane  
 Tallahassee, Florida 32301

850-224-7775 – phone

850-224-7704 – fax