



# FLORIDA SHERIFFS ASSOCIATION'S 2009 ANNUAL SUMMER CONFERENCE

July 19-22, 2009

PGA National Resort & Spa

Palm Beach Gardens, FL ★ Phone: 561-627-2000

## GUEST PRE-REGISTRATION FORM

Please type or print as name should appear on name tag.

NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY/AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

( ) ( )

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

Please check the functions for which you anticipate being present. This information is very important to our conference planning and will assist in more accurate head counts for meals and other conference functions. **If your plans change, please contact Rneé Stockton at 850/877-2165.**

Self	Spouse	Child	Function
_____	_____	_____	Golf Tournament ..... Sunday, July 19
_____	_____	_____	Sponsors' Reception..... Sunday, July 19
_____	_____	_____	Breakfast ..... Monday, July 20
_____	_____	_____	Luncheon..... Monday, July 20
_____	_____	_____	Host Sheriffs Cookout .... Monday, July 20
_____	_____	_____	Breakfast ..... Tuesday, July 21
_____	_____	_____	Luncheon ..... Tuesday, July 21
_____	_____	_____	Banquet ..... Tuesday, July 21
_____	_____	_____	Breakfast ..... Wednesday, July 22

### REGISTRATION FEES: (refundable if you are unable to attend)

Guest \_\_\_\_\_ \$350 @ \$ \_\_\_\_\_

Spouse's Name \_\_\_\_\_ \$150 @ \$ \_\_\_\_\_

Youth — 18 & Over \_\_\_\_\_ \$150 @ \$ \_\_\_\_\_

Children: \$ 75 @ \$ \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**TOTAL REGISTRATION FEE** \$ \_\_\_\_\_

### METHOD OF PAYMENT: (Choose One – **Pre-Payment makes for easier Registration!**)

Check made payable to Florida Sheriffs Association (check no. \_\_\_\_\_)

P.O. # if appropriate \_\_\_\_\_  Visa  Mastercard  Will Pay at Conference

Amount to be charged to Credit Card: \$ \_\_\_\_\_

Credit Card Number:

Expiration Date: \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_  
(Print & Sign Name as shown on credit card)

**PLEASE REGISTER EARLY!** Complete and return this form to: Florida Sheriffs Association, P. O. Box 12519, Tallahassee, FL 32317-2519, Phone 850/877-2165, FAX 850/878-8665.