

FADRA 2023 CONVENTION & TRADE SHOW REGISTRATION FORM

July 20-23, 2023 • Sheraton Sand Key • Clearwater Beach

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Cell: _____ Email: _____

NAME(S) OF REGISTRANT(S): PLEASE PRINT CLEARLY FOR NAME BADGES

Name of Spouse: _____

YARD/MEMBER REGISTRATION FEE SCHEDULE

MEMBERS: REGISTRATION FEE BY JUNE 27 \$450 **ONSITE FEE \$500** **OUT OF STATE \$400**

NON-MEMBERS: REGISTRATION FEE BY JUNE 27 \$500 **ONSITE FEE \$575**

Includes entranced all seminars, exhibit hall grand opening, brunch & party ticket.

COMPANIES THAT WISH TO REGISTER SIX OR MORE PEOPLE AT ONCE QUALIFY FOR A DISCOUNT. FOR DETAILS CALL KIM AT THE FADRA OFFICE 407-614-8354.

MEMBER REGISTRATION _____ @ \$ _____ \$ _____

NON-MEMBER REGISTRATION _____ @ \$ _____ \$ _____

OUT OF STATE YARD REGISTRATION _____ @ \$ 400.00 each \$ _____

ONE-DAY ONLY (Does not include Party Ticket) ☐ FRIDAY or ☐ SATURDAY _____ @ \$225.00 each \$ _____

SPOUSE REGISTRATION includes: Exhibit Hall Grand Opening, Brunch & Party Ticket _____ @ \$200.00 each \$ _____

THURSDAY OPENING EVENT: Tampa Bay Rays Baseball Game Separate Registration

ADDITIONAL ADULT SATURDAY PARTY TICKET _____ @ \$90.00 each \$ _____

ADDITIONAL CHILD SATURDAY PARTY TICKET (3-10 YRS. OLD) _____ @ \$35.00 each \$ _____

ADDITIONAL EXHIBIT HALL GRAND OPENING TICKETS _____ @ \$85.00 each \$ _____

full attendee registration required to purchase

VENDOR/AFFILIATE REGISTRATION:

THIS FEE IS FOR VENDORS WHO DO NOT HAVE AN EXHIBIT IN THE EXHIBIT HALL. INCLUDES: ENTRANCE TO ALL SEMINARS, EXHIBIT HALL GRAND OPENING, BRUNCH & PARTY TICKET FOR TWO REPS.

Member Registration..... @ \$ **675.00** \$ _____

Non-Member Registration..... @ \$ **825.00** \$ _____

IF YOU'RE INTERESTED IN EXHIBITING. PLEASE COMPLETE THE EXHIBIT APPLICATION TO SECURE YOUR BOOTH

PLEASE MAKE A DONATION TODAY

☐ FADRA Legislative Fund..... \$ _____

☐ FADRA Scholarship Fund..... \$ _____

Processing Fee..... \$ **5.00**

TOTAL DUE..... \$ _____

IMPORTANT!!! PLEASE COMPLETE THIS SECTION.

I WILL ATTEND THE FOLLOWING:

☐ Thursday Night Event..... Total # _____ of people attending.

☐ Saturday Night Party include both registrants & extra purchased tickets..... Total # _____ of people attending.

Please list any dietary restrictions you may have: _____

☐ I'm disabled and would like to be contacted to discuss my special needs.

RETURN TO: FADRA, P.O. Box 770070 Winter Garden, FL 34777 • kim@odellgroupmgmt.com

Cancellations must be submitted in writing to kim@odellgroupmgmt.com and will incur a \$75 cancellation fee. No refunds will be processed after July 4th

PAYMENT INFORMATION

MAKE CHECK PAYABLE TO: FADRA

Send to: Attn. Kim O'Dell, CMP, P.O. Box 770070 Winter Garden, FL 34777

☐ Visa ☐ Mastercard ☐ AMEX

CC# _____

Exp. Date: _____ Verification Code: _____

OFFICE USE ONLY

Paid: \$ _____

Check #: _____

Date Received: _____