

July 17-20, 2025 • Sheraton Sand Key • Clearwater Beach, Florida

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	\$525	ONSITE FEE	\$575	OUT OF STATE	\$475
NON-MEMBERS:	REGISTRATION FEE BY JUNE 27	\$600	ONSITE FEE	\$650		
Includes entrance to 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	_____	@ \$525.00 each		\$	_____	
NON-MEMBER REGISTRATION	_____	@ \$600.00 each		\$	_____	
OUT OF STATE YARD REGISTRATION	_____	@ \$475.00 each		\$	_____	
ONE-DAY ONLY (Friday or Saturday, Does not include Party Ticket)	_____	@ \$250.00 each		\$	_____	
SATURDAY ONE-DAY ONLY (Includes Party Ticket)	_____	@ \$325.00 each		\$	_____	
SPOUSE REGISTRATION (Includes: Exhibit Hall Grand Opening, Brunch & Party Ticket)	_____	@ \$300.00 each		\$	_____	
THURSDAY WELCOME EVENT: StarLite Luxury Yacht Cruise	_____	@ \$75.00 each		\$	_____	
ADDITIONAL ADULT 50th ANNIVERSARY PARTY TICKET	_____	@ \$100.00 each		\$	_____	
ADDITIONAL CHILD 50th ANNIVERSARY PARTY TICKET (3-10 YRS. OLD)	_____	@ \$35.00 each		\$	_____	
ADDITIONAL EXHIBIT HALL GRAND OPENING TICKETS	_____	@ \$85.00 each		\$	_____	
<i>full attendee registration required to purchase</i>						

VENDOR/AFFILIATE REGISTRATION:

MEMBER WITHOUT AN EXHIBIT REGISTRATION	_____	@ \$675.00 each	\$	_____
NON-MEMBER WITHOUT AN EXHIBIT REGISTRATION	_____	@ \$825.00 each	\$	_____

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

PLEASE MAKE A DONATION TODAY

<input type="checkbox"/> FADRA Legislative Fund.....	\$	_____
<input type="checkbox"/> FADRA Scholarship Fund.....	\$	_____
Processing Fee.....	\$	10.00
TOTAL DUE	\$	_____

IMPORTANT!!! PLEASE COMPLETE THIS SECTION.

I WILL ATTEND THE FOLLOWING:

- Thursday Night Cruise 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

CREDIT CARD PAYMENTS

SEND TO: Kim O'Dell, CMP, P.O. Box 770070 Winter Garden, FL 34777

- Visa Mastercard AMEX

CC# _____

Exp. Date: _____ Verification Code: _____

CHECK PAYMENTS

MAKE CHECK PAYABLE TO: FADRA

Date Received: _____

Paid: \$ _____

Check #: _____