FADRA 50 YEARS ANNIVERSARY CELEBRATION CONVENTION & TRADE SHOW

YARD / MEMBER REGISTRATION

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 *full attendee registration required to purchase*	_____ @ $85.00 each	$_____

VENDOR/AFFILIATE REGISTRATION:

MEMBER WITHOUT AN EXHIBIT REGISTRATION	_____ @ $750.00 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

☐ FADRA Legislative Fund..... $_____

☐ 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 #: _____