

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Cell: _____ Email: _____

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

Name of Spouse: _____

REGISTRATION FEE SCHEDULE		
MEMBERS:	REGISTRATION FEE BY JULY 1	\$525
	ONSITE FEE	\$575
	OUT OF STATE	\$475
NON-MEMBERS:	REGISTRATION FEE BY JULY 1	\$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 BOBBY AT THE FADRA OFFICE 407-453-2586.		
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: Yard Tour at Cocoa Auto Salvage	_____ @ \$25.00 each	\$ _____
ADDITIONAL BEACH PARTY TICKET	_____ @ \$100.00 each	\$ _____
ADDITIONAL CHILD BEACH 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 \$ _____

PLEASE MAKE A DONATION TODAY

FADRA Legislative Fund..... \$ _____
 FADRA Scholarship Fund..... \$ _____
 Processing Fee..... \$ 16.00
TOTAL DUE..... \$ _____

IMPORTANT!!! PLEASE COMPLETE THIS SECTION.

I WILL ATTEND THE FOLLOWING:
 Thursday Night Yard Tour..... 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.

CREDIT CARD PAYMENTS

SEND TO: FADRA, 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 #: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Cell: _____ Email: _____

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