



2011 Annual Florida Library Association
Conference & Exhibits
May 4-6, 2011
Orlando, Florida



Register online at http://www.flalib.org/conference_2011.php

Attendee Registration Form

Name: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____

Please print clearly. All communication will be through email.

Registration – Early Registration valid through March 1, 2011

Member Registration	Early	Late	Non-Member Registration	Early	Late
Full Conference	<input type="checkbox"/> \$115	<input type="checkbox"/> \$150	Full Conference	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250
Prepaid FLA organizational registration <input type="checkbox"/> Organization: _____					
Single Day – Circle choice: Wed Thu Fri	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	Single Day – Circle choice: Wed Thu Fri	<input type="checkbox"/> \$190	<input type="checkbox"/> \$200
Exhibit Hall Only	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	Exhibit Hall Only	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45
Student - Full	<input type="checkbox"/> \$85		Student – 1 Day	<input type="checkbox"/> \$50	
Friends Day	<input type="checkbox"/> \$50				
Friends, Foundation & Board Luncheon & Awards			<input type="checkbox"/> \$35 Regular	<input type="checkbox"/> \$35 Vegetarian	
Florida Book Awards Banquet			<input type="checkbox"/> \$47 Salmon	<input type="checkbox"/> \$47 Chicken	<input type="checkbox"/> \$47 Vegetarian

Grand Total _____

Method of Payment - Please circle one: **Visa** **Purchase Order** (send copy of PO with registration)
MasterCard **Check** (payable to *Florida Library Association*; mail to A Plan to Meet, P.O. Box 6838, Tallahassee, FL 32314.)

I agree to pay the Grand Total amount for the 2011 Florida Library Association Annual Conference and authorize Florida Library Association to charge my credit card for the above amount.

Credit Card Number _____ - _____ - _____ - _____ Exp Date: _____
 Cardholder name as it appears on the card _____
 Billing Address _____ City _____ State _____ Zip _____
 Signature of Cardholder _____
 Cardholder email _____

If paying by credit card, please fax or mail only. For your protection, do not scan and send via email.

ANY CANCELLATION REQUESTS MUST BE IN WRITING and submitted by email to Sharon Gray at aplantomeet@earthlink.net. Requests for refunds must be received by April 4, 2011. No refunds will be made after April 4, 2011, however substitutions are acceptable. Refunds will be processed after the conference.

Mail or fax this form to:
 A Plan to Meet, Inc. * P.O. Box 6838 * Tallahassee, FL 32314-6838
 850-224-6222 – phone 850-877-7022 – fax

Questions? Contact Meeting Planner Sharon Gray at aplantomeet@earthlink.net