

**FEPA 2017 Annual Meeting and Work Session**

**January 30 – February 3, 2017**

**DoubleTree by Hilton at Universal Studios, Orlando, Florida**

**REGISTRATION FEE PAYMENT FORM\***

***USE THIS FORM IF YOU REGISTERED ON LINE BUT DID NOT SUBMIT PAYMENT***

Submit by email to: [erainey@fepa.org](mailto:erainey@fepa.org) or

by mail to: FEPA, 400 Capital Circle, SE, ST-18-263, Tallahassee, Florida 32301

**REGISTRATION FEES:** FEPA Member $250.00 Non FEPA Member $350.00

(see Registration Form for(if received prior to December 9, 2016)

details on Registration categories)

Reduced Student FEPA Member Registration Fee: $150.00

*We accept checks, Visa, MasterCard and American Express*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount $ \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount $ \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount $ \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Amount $ \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment Amount $ \_\_\_\_\_\_

Total Payment Remitted: $\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Enclosed is a Check for: $ Check Number: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Credit Card Type \_\_\_Visa \_\_\_ M/C \_\_\_ Am Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_

(Month/Year)

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions: [fepa@fepa.org](mailto:fepa@fepa.org) or 850-274-1835 FEPA FEID # 59-2389989