



25th Anniversary FALI Conference - 2019

May 2 - 4, 2019

DoubleTree by Hilton at the Entrance to Universal Orlando

5780 Major Blvd
Orlando, FL 32819

ATTENDEE REGISTRATION FORM

You may email or mail this form.
Please make checks payable to "FALI."

Email: admin@fali.org

Mail: P.O. Box 2896, Dunedin, FL 34697

Questions? Contact the FALI Office at (888) 845-3254

Hotel reservation deadline is April 7, 2019

Book your reservation early to ensure the discount rate of \$119++ (2 Queen beds)

For hotel details go to www.fali.org

Please complete the following information as you would like it to read on your name tag (type or print legibly)

Name: _____

Company Name (and city location if different than your mailing address) _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

If you served in the military/or law enforcement, please indicate branch: _____

Full Regular Registration includes admission to ALL events, meals, and after hour events.

Registration fee (through April 12, 2019)	Registration fee (after April 12, 2019)
<input type="checkbox"/> FALI Member (or other PI Association*): <i>Indicate Association Name: _____</i> \$250	<input type="checkbox"/> FALI Member (or other PI Association*): <i>Indicate Association Name: _____</i> \$295
<input type="checkbox"/> Non-Member: \$375	<input type="checkbox"/> Non-Member: \$395
<input type="checkbox"/> Registration + 6 month membership: \$295	<input type="checkbox"/> Registration & 6 month membership: \$375
<input type="checkbox"/> Student (Pre-Conference <i>not</i> included) \$195	<input type="checkbox"/> Student (Pre-Conference <i>not</i> included) \$225
<input type="checkbox"/> One Day Attendee (Pre-Conference <i>not</i> included) \$195 <i>Indicate Friday or Saturday: _____</i>	<input type="checkbox"/> One Day Attendee (Pre-Conference <i>not</i> included) \$225 <i>Indicate Friday or Saturday: _____</i>

* The FALI membership fee is extended to members of other professional PI Associations. Proof must be presented along with the Registration form. (Copy of Membership card or a letter from that Association President.)

For Regular (not student or one day) Attendees: Will you be attending the pre-Conference? _____

For ALL Attendees (except Friday only): Will you be attending Saturday Banquet? _____

Conference Add-Ons for Guests of Attendees, and Others Not Registered for the Conference - Does not include entrance to sessions.	
<input type="checkbox"/> Friday: Breakfast, Lunch and Evening Reception	\$ 90
<input type="checkbox"/> Friday: Evening Reception Only	\$ 20
<input type="checkbox"/> Saturday: Breakfast, Lunch & Awards Dinner	\$125
<input type="checkbox"/> Saturday: Awards Dinner Only	\$ 50
<input type="checkbox"/> Pre-Conference for Student or One-Day Attendees	\$ 50
<input type="checkbox"/> Pre-Conference for NON Paid Conference Attendee	\$125

CANCELLATION: Refunds may be obtained when a letter of cancellation is received prior to April 12, 2019. (Mail or E-mail). A \$75 administration fee will be assessed for all cancellations. There will be no refunds or cancellations accepted after April 12, 2019.

Please Indicate Payment Type

Check - Amount Enclosed: \$ _____

Credit Card - Amount Authorized: \$ _____

Type: _____ **Name on Card:** _____

Billing Address if different than above: _____

Card Number: _____ **CVV** _____ **Expiration Date:** _____