



30th Anniversary FALI Conference

May 2-4, 2024

Hilton Tampa Airport Westshore

2225 N. Lois Avenue, Tampa, FL 33607

ATTENDEE REGISTRATION FORM

You may email or mail this form.
 Please make checks payable to "FALI."
 Email: admin@fali.org
 Mail: P.O. Box 1403, Dade City, FL 33526

Hotel reservation deadline is April 1, 2024 (or sell-out)
 Book early to ensure the discount rate of \$129++
 For hotel details go to www.fali.org
Questions? Contact FALI at (727) 373-8028

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 then 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.

Early Bird Registration (Through Apr 12, 2024)		Regular Registration (Apr 13 - May 4, 2024)	
<input type="checkbox"/> FALI Member (or other PI Association*): Indicate Association Name: _____	\$295	<input type="checkbox"/> FALI Member (or other PI Association*): Indicate Association Name: _____	\$345
<input type="checkbox"/> Non-Member:	\$425	<input type="checkbox"/> Non-Member:	\$475
<input type="checkbox"/> Registration + 6 month membership:	\$345	<input type="checkbox"/> Registration & 6 month membership:	\$395
<input type="checkbox"/> Student	\$245	<input type="checkbox"/> Student	\$295
<input type="checkbox"/> One Day Attendee Indicate Friday or Saturday: _____	\$245	<input type="checkbox"/> One Day Attendee Indicate Friday or Saturday: _____	\$295

* 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.)

Will you be attending the Preconference (included in registration)? _____

Will you be attending Saturday Banquet (included in registration)? _____

if you are bringing a guest please indicate their name _____

Conference add ons for guests of attendees, and others not registered. - Does not include entrance to sessions.

<input type="checkbox"/> Friday: Breakfast, Lunch and Pizza Party	\$120	<input type="checkbox"/> Friday & Saturday Evening: Pizza Party & Banquet	\$90
<input type="checkbox"/> Friday: Pizza Party ONLY	\$ 25	<input type="checkbox"/> Saturday: Breakfast & Lunch ONLY	\$80
<input type="checkbox"/> Saturday: Breakfast, Lunch & Awards Dinner	\$145	<input type="checkbox"/> Preconference: NON Paid Conference Attendee	\$300
<input type="checkbox"/> Saturday: Awards Dinner ONLY	\$ 65		

CANCELLATION: Refunds may be obtained when a letter of cancellation is received prior to April 4, 2024. (Snail mail or E-mail). A \$100 administration fee will be assessed for all cancellations. There will be no refunds or cancellations accepted after April 4, 2024.

Total Amount Owed \$ _____

Check - Amount Enclosed:\$ _____

Credit Card - Amount Authorized:\$ _____

Type: _____ Name on Card: _____

Billing Address if different then above: _____

Card Number: _____ CVV _____ Expiration Date: _____