2018 FORUM REGISTRATION

A Conference for Hospice and Palliative Care Professionals

by Florida Hospice & Palliative Care Association

FULL CONFERENCE REGISTRATION (May 31 & June 1)

Includes three general (plenary) sessions, five concurrent workshop series, continental breakfast, lunch and refreshment breaks each day, Thursday's cocktail party, digital conference handout materials, and other conference materials. Does not include cost of lodging, travel expenses, or additional meals.

$380 Advanced Early Bird Rate *(received by 2/2/18)* // $425 Early Bird Rate *(received by 3/23/18)* // $490 Regular Rate *(after 3/23/18)*

THURSDAY ONLY REGISTRATION (May 31)

Includes two general (plenary) sessions, three concurrent workshop series, continental breakfast, lunch and refreshment breaks, digital conference handouts materials, and other conference materials. Does not include cost of lodging, travel expenses, or additional meals.

$225 Advanced Early Bird Rate *(received by 2/2/18)* // $245 Early Bird Rate *(received by 3/23/18)* // $280 Regular Rate *(after 3/23/18)*

FRIDAY ONLY REGISTRATION (June 1)

Includes one general (plenary) session, three concurrent workshop series, continental breakfast, lunch and refreshment breaks, digital conference handout materials, and other conference materials. Does not include cost of lodging, travel expenses, or additional meals.

$199 Advanced Early Bird Rate *(received by 2/2/18)* // $219 Early Bird Rate *(received by 3/23/18)* // $259 Regular Rate *(after 3/23/18)*

PLEASE NOTE

Registrations received or changed after 5/4/18 will incur a $50 charge.

GUEST MEAL PASS

This pass allows admission to the meals only and can only be purchased in conjunction with a conference admission. Allows admission to meals, breaks, receptions, and Exhibition Hall only.

$100 Full Conference *(both days)* // $75 Thursday Pass Only // $50 Friday Pass Only

ORGANIZATION INFORMATION:

Company/Organization Name: _____

Mailing Address: _____

Phone #: _____ Fax #: _____

Primary Contact Name: _____ Primary Contact Phone #: _____

Primary Contact Email: _____

PAYMENT INFORMATION:

Total Full Registrations _____ + Total Thursday Registrations _____ + Total Friday Registrations _____ + Total Guest Meal Passes = $ _____ Total Registration Amount

☐ CHECK: Enclosed is the amount of $ _____ *Make checks payable to Florida Hospice & Palliative Care Association*

☐ CREDIT: Charge the total fee of $ _____ to the credit card below.

Card Number: | | | | | | | | | | | | | | | | Card Number: | | / | | Code: | | | | |

Card holder name _____ Phone # associated with card _____

Credit card billing address _____

SUBMISSION:

Send your completed form and credit card information one of the following three ways:

1. Email - info@floridahospices.org
2. Fax - (850) 878-5688
3. Mail - Florida Hospice & Palliative Care Association
2000 Appalachee Pkwy, Suite 200, Tallahassee, FL 32301

FORUM ATTENDEES *(under one payment)*

Please fill out a new form for any additional attendees using a different payment method. Please type or print legibly.

Full Name:	**Full Name:**
Badge Name:	**Badge Name:**
Job Title:	**Job Title:**
Email Address:	**Email Address:**
License Type & #:	**License Type & #:**
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only	**Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only**
Meal Preference (circle one): Regular // Vegetarian // Gluten Free // Dairy Free	**Meal Preference (circle one): Regular // Vegetarian // Gluten Free // Dairy Free**
Full Name:	**Full Name:**
Badge Name:	**Badge Name:**
Job Title:	**Job Title:**
Email Address:	**Email Address:**
License Type & #:	**License Type & #:**
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only	**Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only**
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Full Name:	**Full Name:**
Badge Name:	**Badge Name:**
Job Title:	**Job Title:**
Email Address:	**Email Address:**
License Type & #:	**License Type & #:**
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only	**Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only**
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CEs are available for the following clinical licenses: Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling (provider #50-722, expires 3/31/2019); Florida Board of Nursing (provider #50-722, expires 10/31/2018); Florida Board of Nursing Home Administrators (provider #50-722, expires 9/30/2018); Florida Board of Nursing - Certified Nursing Assistants (provider #50-722).