

# 2018 FLC Annual Conference Registration Form

## August 16-18, 2018 | The Diplomat Beach Resort | Hollywood

Florida League of Cities | P.O. Box 1757 | Tallahassee, FL 32302 | (850) 222-9684 | Fax (850) 222-3806 | [mhowe@flcities.com](mailto:mhowe@flcities.com)

Return completed form with check payment to Florida League of Cities, P.O. Box 1757, Tallahassee, FL 32302-1757; or visit the League website, [www.flcitiesconference.com](http://www.flcitiesconference.com), to access online registration. **NOTE: Credit card payments may only be made online.**

### DELEGATE INFORMATION

Name: \_\_\_\_\_  
First M.I. Last

First Name or Nickname: \_\_\_\_\_  
As You Wish to Appear on Badge

Title: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
City, County, Government or Company

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address (for confirmations): \_\_\_\_\_  
Please provide the address of the person who should receive the confirmation.

First-Time Attendee?  Yes  No Contact Person: \_\_\_\_\_

### GUEST INFORMATION (Please complete only if registering a guest for the conference.)

Guest's Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
As You Wish to Appear on Badge

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ First Name: \_\_\_\_\_  
As You Wish to Appear on Badge

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ First Name: \_\_\_\_\_  
As You Wish to Appear on Badge

REGISTRATION FEES	NO.	FEE	TOTAL FEE
City/County/Government	___ @	\$525.00*	\$ _____
Corporate	___ @	\$625.00*	\$ _____
Guest	___ @	\$125.00	\$ _____
Guest (13-18 years)	___ @	\$20.00	\$ _____
Guest (3-12 years)	___ @	\$15.00	\$ _____
Exhibit Hall Pass	___ @	\$20.00	\$ _____
OPTIONAL ACTIVITIES	NO.	FEE	TOTAL FEE
<b>Thursday, August 16</b>			
Ethics Session	___ @	\$0.00	\$ _____
<b>Friday, August 17</b>			
Sunrise Yoga	___ @	\$0.00	\$ _____
<b>Saturday, August 18</b>			
Extra Luncheon Ticket	___ @	\$40.00	\$ _____
Extra Inaugural Celebration Ticket	___ @	\$50.00	\$ _____
<b>Total</b>			<b>\$ _____</b>

### SPECIAL NEEDS

If you require special services, or have special dietary needs, please attach a written description to your registration form.

### REGISTRATION

Registration form must be accompanied by payment made payable to **Florida League of Cities**. Mail this form to: Florida League of Cities, P.O. Box 1757, Tallahassee, FL 32302-1757.

Registration forms must be postmarked by **August 1, 2018**.

**Remember:** You will not receive housing information until we have received your **PAID** registration.

### CANCELLATION POLICY

All cancellations received in writing via email or fax to [mhowe@flcities.com](mailto:mhowe@flcities.com) or (850) 222-3806 and received by 5:00 p.m., **August 1, 2018**, will receive refunds, minus a **\$50.00** cancellation fee. Refunds will be issued after the conference. **No refunds can be made after August 1 or for early departure from the conference.**

**\*NOTE: Registration fees will increase to \$555 for government and \$655 for corporate for all registrations done onsite.**