

2008 - Registration Form

Company: _____

Address: _____

City/State/Zip: _____

Country: _____ E-mail: _____

Tel: _____ Fax: _____

Area of Interest: Shore Excursions Purchasing Marketing Operations

Other _____

Pre-Paid Registration Options

Delegate(s) # _____ x \$ 750.00 = _____

Associate Member Delegate(s) [Up-to-date Membership required] # _____ x \$ 700.00 = _____

Exhibitor(s) # _____ x \$ 550.00 = _____

Trade Show Booth(s) - (8 x 6) # _____ x \$ 2400.00 = _____

Trade Show Booth(s) - (8 x 6) Premium Location # _____ x \$ 2900.00 = _____

Trade Show Booth(s) - (10 x 6) Premium Location # _____ x \$ 3500.00 = _____

Exhibitors ~ Please indicate the name you wish to have displayed for your booth:

FCCA Golf Classic ~ Charity Tournament # _____ x \$ 250.00 = _____

Onsite Registration

Delegate(s) # _____ x \$ 850.00 = _____

TOTAL = _____

Please PRINT clearly or TYPE the Name(s) & Title(s) of all participants, for their Badge.

NAME & TITLE:

Delegate Exhibitor Golf

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Options:

- Check or Money Order, in U.S. dollars drawn on a U.S. bank ~ payable to the FCCA.
- Credit Card (Signature of cardholder and completed registration required for processing).

Card Number: _____

Name of Cardholder: _____ Exp. Date: _____

Billing Address: _____

Signature: _____

Payment & Cancellation Policy:

Cancellations must be in writing, there will be a minimum cancellation fee of \$100. No refunds may be offered after *October 10, 2008*

FLORIDA-CARIBBEAN CRUISE ASSOCIATION

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