



**2010 Annual Conference Registration Form  
January 15-16, 2010  
Radisson Worldgate Resort, Orlando, FL**

**Please print clearly or type.**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Faccm or Seeds Member #: \_\_\_\_\_ County of Residence \_\_\_\_\_

To join or renew your FACCM or SEEDS membership please visit our website [www.faccm.org](http://www.faccm.org) and download a membership application at your convenience. Business attire is required.

**Circle the applicable amount(s) and enter in the right hand column.**

<b>DUE NO LATER THAN DECEMBER 15, 2009</b>	Current FACCM Members		Non-Members		Amount
	Preregister	On-Site	Preregister	On-Site	
Conference Friday and Saturday	\$225.00	\$250.00	\$250.00	\$275.00	\$
Friday Only	\$160.00	\$175.00	\$175.00	\$190.00	\$
Saturday Only	\$140.00	\$155.00	\$155.00	\$170.00	\$
APPLE Verifier Training will be held Wed. Jan. 13 and Thurs. Jan. 14 <sup>th</sup> 9am-4pm	\$85.00	N/A	\$100.00	N/A	\$
<b>Friday Night Banquet &amp; Entertainment</b> <input type="checkbox"/> Please check here for Vegetarian Meal	# of Guests	Cost \$50.00 per ticket	# of Guests	Cost \$60.00 per ticket	\$
<b>Total Conference Fees</b>					\$

**\*\*One CEU will be issued for attending both Friday and Saturday Conference and cost is included in the registration fee. Also Continental Breakfast and Lunch will be provided both Friday and Saturday. ALL CANCELLATIONS MUST BE IN WRITING AND RECEIVED NO LATER THAN DECEMBER 15, 2009 TO RECEIVE A REFUND TO BE PROCESSED WITHIN 45 DAYS FOLLOWING THE CONFERENCE.**

Name (as it will appear on your Guest Badge): \_\_\_\_\_

Payment can be made by Check, Money Order or Credit Card.

Type of Credit Card: Circle one      Visa      Mastercard

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: (Three digit code on back of card): \_\_\_\_\_

Billing Address including Zip Code of Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Or Make checks Payable to FACCM and mail to 10060 Amberwood Road Suite 3 Fort Myers, FL 33913.

**WE LOOK FORWARD TO SEEING YOU IN JANUARY 2010!!!**

