

Florida Municipal Attorneys Association – 42nd Annual Seminar

Naples Grande Beach Resort • July 25-27, 2024

Return completed form with registration fees to: Florida Municipal Attorneys Association, P.O. Box 1757, Tallahassee, FL 32302-1757; 850.222.9684. Make checks payable to Florida Municipal Attorneys Association. Online registration is available at *fmaa.us*.

Please type or print information.

Full Name: _____ First Name or Nickname: _____
(as you wish it to appear on badge)

Title: _____ Representing: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contact Person: _____

Email: _____

Spouse (if attending): _____ First Name or Nickname: _____
(as you wish it to appear on badge)

We are considering a change to the way seminar materials are distributed. How would you prefer to receive your materials? (please check one):

Current Hardcopy Notebook Format

Electronic/Searchable Data Format

Payment must accompany each registration	Qty.	Fee	Fee Paid
Registration: On/Prior to July 8, 2024 <i>(Includes up to two reception tickets and one luncheon ticket)</i>	_____	@ \$ 400.00 = \$	_____
Regular Registration: After July 8, 2024 <i>(Includes up to two reception tickets and one luncheon ticket)</i>	_____	@ \$ 450.00 = \$	_____
Extra Luncheon Ticket <i>(One included in registration)</i>	_____	@ \$ 25.00 = \$	_____
Extra Reception Ticket Children Ages 5-12	_____	@ \$ 15.00 = \$	_____
Extra Reception Ticket Children ages 13 and older/adult <i>(Two included in registration)</i>	_____	@ \$ 25.00 = \$	_____
Total Fee Paid			\$ _____

Please indicate below the meal functions you plan to attend and if you will bring a spouse/guest.

I plan to attend the lunch: Yes No I plan to attend the reception: Yes No

I also will have one spouse/guest attending the reception: Yes No

Cancellation Policy: Because of the requirement for advance attendance guarantees, cancellations must be received and confirmed by Friday, July 12, 2024.

NOTE: If you are physically challenged, require special services or have special dietary needs, please attach a written description to this form.

Amount Enclosed: \$ _____ Method of Payment: Check *(made payable to FMAA)*

NOTE: If you wish to pay via Visa, Mastercard or American Express, you must register online. See page 2 of the announcement for details.