

REGISTRATION

Name: _____

Badge Nickname (Print how it should appear on badge)

Job Title: _____

Company: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-Mail: _____

Designation(s): CHAE CHTP CHA CCM CPA OTHER

SPECIAL DIETARY NEEDS: Vegetarian Vegan

Food Allergies _____ Other

You require special accessibility or accommodations at this convention.

Registration Options	Standard	Late
	Postmarked by: 5/31/18	After 5/31/18
<input type="checkbox"/> Full Conference	\$350	\$400
<input type="checkbox"/> Student Registration (include copy of student ID)	\$100	\$100
<input type="checkbox"/> CHAE or CHTP review session only	\$100	\$100
<input type="checkbox"/> CHAE or CHTP exam		
<input type="checkbox"/> Welcome Reception & Exhibits (guest)	\$125	\$130
<input type="checkbox"/> Welcome Reception CMAA Member	Complementary	
<input type="checkbox"/> Lido Casino Night (guest)	\$125	\$130

Guest Name(s) _____

TOTAL AMOUNT ENCLOSED:\$ _____

Please make check payable to: HFTP Florida Manasota Chapter

**Mail To: Ron Robinson
3401 S. Sumter Blvd. North Port, FL 34287**

**Or pay online at <https://HFTPManasotachapter.plastiq.com> and
email registration form to: 2018FLRegional@comcast.net**

**For More Information Call: Eileen Sarris 941-925-2977
or E-mail: 2018FLRegional@comcast.net**