



2018 FPIC Conference

September 12th-14th, 2018

Westin Tampa Waterside

Registration Form

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

*Required to access conference handouts-Email Address: _____

Company/Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Area of Practice (Circle one):

- | | |
|--------------------|-----------------|
| Acute Care | EMS |
| Non-Acute Care | Behavioral |
| SNF/ALF | Employee Health |
| Ambulatory Surgery | Other |

CIC Certified (Check one): ____Yes ____No

PLEASE ENTER LICENSE NUMBER FOR CEU CREDITS

FL License #: _____ Discipline: _____

Name as you wish it to appear on Badge: _____ Credentials for badge: _____

Please select your preference (Check One in each column):

Special Needs:	Meal Request:
<input type="checkbox"/> Disabled	<input type="checkbox"/> Vegetarian
<input type="checkbox"/> N/A	<input type="checkbox"/> Gluten Free
	<input type="checkbox"/> N/A

FPIC Member Cost Qualifications:

- Member dues paid by June 1st
- One discounted member registration per institutional membership
- Must provide FPIC member number

FPIC Member (Check One): ____Yes ____No

Conference Options (Check One):

Full Conference Wednesday-Friday	One Day Attendance (No 'pay by date' discounts available)	Two Day Attendance (No 'pay by date' discounts available)
<input type="checkbox"/> Advanced Registration for Non-member (Closes August 10 th): \$345	<input type="checkbox"/> Non-member: \$140 Day: _____	<input type="checkbox"/> Non-member: \$280 Days: _____
<input type="checkbox"/> Advanced Registration for Member (Closes August 10 th): \$300	<input type="checkbox"/> Member by June 1, 2018: \$125 Day: _____	<input type="checkbox"/> Member by June 1, 2018: \$250 Days: _____
<input type="checkbox"/> Regular Registration for Non-member (After August 10 th): \$395		
<input type="checkbox"/> Regular Registration Member: \$300		

FPIC Conference Payment Options (Check One):

FPIC Tax ID 59-2079842

<input type="checkbox"/> I will pay online by credit card via secure PayPal link Note: Payment to be completed prior to stipulated date to qualify for advance registration pricing.	<input type="checkbox"/> I plan to pay by Check. Please make check payable to FPIC. Check must be received prior to stipulated date to qualify for advance registration pricing. Do not mail payment after August 30, 2018 Mail check payable to FPIC to: Emily Leathers-Registration Chair 1205 Newfound Harbor Drive Merritt Island, FL 32952
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Please note our refund policy: All cancellations will be charged a \$25 processing fee. PayPal transactions will be refunded via check. No refunds for cancellations after September 1, 2018.

Please email the completed form to Emily Leathers, MPH, CIC, emily.leathers@parrismed.com