

**FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION
ANNUAL MEETING
4-6 JUNE 2003
TRADEWINDS RESORT, ST PETE BEACH**



CONFERENCE REGISTRATION

Name: _____ Daytime Phone: _____

Organization: _____ Fax: _____

Email: _____

Address: _____

Poster Presenter: Yes__ (see Poster form) No__

CONFERENCE FEE: (Includes Thursday banquet, Friday breakfast buffet and Friday luncheon)

<u>DEADLINE</u>	<u>FHSLA MEMBER</u>	<u>NON-FHSLA</u>	<u>AMOUNT</u>
Before April 30, 2003	\$ 85	\$100	\$ _____
After April 30, 2003	100	115	\$ _____
		TOTAL	\$ _____

<u>RESERVATIONS:</u>	<u>DAY</u>	<u>WILL ATTEND (circle one)</u>
Banquet	Thursday	Yes No
Breakfast Buffet	Friday	Yes No
Luncheon	Friday	Yes No

If you have special dietary requirements, please contact Karen Roth at 727-462-7889.

ADD ONS:

Additional banquet tickets:	\$ 35	X ___ tickets =	\$ _____
Additional breakfast tickets:	\$ 24	X ___ tickets =	\$ _____
Additional luncheon tickets:	\$ 16	X ___ tickets =	\$ _____
		TOTAL	\$ _____

**CE COURSES: You must register for the conference to take continuing education courses.
Please see attached CE course description information.**

Cost per class: FHSLA members = \$50 for 4-hour class; \$75 for 8-hour class
Non-FHSLA members = \$65 for 4-hour class; \$90 for 8-hour class

<u>COURSE TITLE</u>	<u>DAY & TIME</u>	<u>AMOUNT</u>
A. Alternative Medicine: No Longer Just a Fad (8 CE)	8:30AM to 5:30PM, Thursday	\$ _____
B. Link Out* (2 CE)	1:30PM to 5:30PM, Thursday	\$ _____
C. Tips & Tricks in Word & Excel*	8:30AM to 12:30PM, Thursday	\$ _____
	TOTAL	\$ _____

*To be held off-site

GRAND TOTAL \$ _____

Please make checks payable to FHSLA and mail to:

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