

Building on the Past ...



Florida Health Sciences Library Association
2006 Annual Meeting
Ramada Inn and Conference Center, Tallahassee, FL
April 5-7, 2006

http://www.library.health.ufl.edu/fhsla/conferences/annual2006.html

CONFERENCE REGISTRATION

Name: \_\_\_\_\_ Institution: \_\_\_\_\_
Address: \_\_\_\_\_
City / State / Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ First Time Attendee: Yes \_\_\_\_\_ No \_\_\_\_\_
Fax: \_\_\_\_\_ Poster Presenter: Yes \_\_\_\_\_ No \_\_\_\_\_
Email: \_\_\_\_\_ (If yes, see Poster Form)

CONFERENCE REGISTRATION

FULL CONFERENCE FEE: (Includes Thursday banquet and Friday luncheon, please indicate if you will attend)

Table with 5 columns: DEADLINE, FHSLA, GHSLA or ALHeLA MEMBER, NON-MEMBER, STUDENT, AMOUNT DUE. Rows for 'Before February 21, 2006' and 'After February 21, 2006'.

SINGLE DAY CONFERENCE FEE: (Does not include meals)

Table with 5 columns: DEADLINE, FHSLA, GHSLA or ALHeLA MEMBER, NON-MEMBER, STUDENT, AMOUNT DUE. Rows for 'Before February 21, 2006' and 'After February 21, 2006'.

If you have special dietary or physical requirements, please contact Carol Warren at 850-644-9754 or carol.warren@med.fsu.edu

Thursday Banquet Will Attend: Yes \_\_\_ No \_\_\_
Friday Luncheon Will Attend: Yes \_\_\_ No \_\_\_
Conference Attendees: Your name badge will be your meal ticket!
Cocktail attire requested for the banquet

Will you be driving or flying to the meeting? (circle) CONFERENCE REGISTRATION SUBTOTAL: \$ \_\_\_\_\_

TOUR OF THE FSU MEDICAL SCHOOL AND FAMU SCIENCE LIBRARY

Wednesday, April 5; 1:30 PM - 5:30 PM (van leaves hotel at 1:00 pm; parking at University is to be avoided!)
Will Attend: Yes \_\_\_ No \_\_\_

CONTINUING EDUCATION CLASSES

Table with 5 columns: CLASS, FHSLA, NON-MEMBER, STUDENT\*, AMOUNT DUE. Rows A, B, C, D.

CE CLASS(ES) SUBTOTAL: \$ \_\_\_\_\_

ADDITIONAL MEAL TICKETS

Table with 2 columns: Ticket Type, Amount Due. Rows for Banquet Tickets and Luncheon Tickets.

ADDITIONAL MEAL TICKETS SUBTOTAL: \$ \_\_\_\_\_

FINAL AMOUNT DUE

Make checks payable to FHSLA (FEIN: 59-2829362)
Send payment with form to:
Pat Clark
All Children's Hospital
801 6th Street, South
St. Petersburg, FL 33701
(727) 767-4278 / (727) 767-8557 (Fax)
clarkp@allkids.org

Table with 2 columns: Category, Amount. Rows for REGISTRATION, CE CLASS(ES), GUEST MEAL TICKETS, TOTAL AMOUNT ENCLOSED.