

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)

DEADLINE	FHSLA, GHSLA or ALHeLA MEMBER	NON-MEMBER	STUDENT	AMOUNT DUE
Before February 21, 2006	\$ 100.00	\$ 115.00	\$ 40.00	\$ _____
After February 21, 2006	\$ 115.00	\$ 130.00	\$ 55.00	\$ _____

SINGLE DAY CONFERENCE FEE: (Does not include meals)

Before February 21, 2006	\$ 60.00	\$ 85.00	\$ 30.00	\$ _____
After February 21, 2006	\$ 75.00	\$ 90.00	\$ 45.00	\$ _____

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

	FHSLA	NON-MEMBER	STUDENT*	AMOUNT DUE
A. New Technology Trends -- 1:30 PM to 5:30 PM, Wednesday @ FSU (van leaves hotel at 1 pm; parking at the University is to be avoided!)	\$70.00	\$90.00	\$40.00	\$ _____
B. Copyright -- 8:00 AM to 12 Noon, Thursday	\$70.00	\$90.00	\$40.00	\$ _____
C. Disaster Planning -- 8:00 AM to 3:30 PM, Thursday	\$55.00	\$75.00	\$30.00	\$ _____
D Critical Appraisal of the Literature -- 1:30 PM to 5:30 PM, Thursday ** CANCELED**	\$70.00	\$90.00	\$40.00	\$ _____

* As space permits

CE CLASS(ES) SUBTOTAL: \$ _____

ADDITIONAL MEAL TICKETS

Banquet Tickets	_____ tickets @ \$36.00	AMOUNT DUE: \$ _____
Luncheon Tickets	_____ tickets @ \$18.00	AMOUNT DUE: \$ _____

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

REGISTRATION	\$ _____
CE CLASS(ES)	\$ _____
GUEST MEAL TICKETS	\$ _____
TOTAL AMOUNT ENCLOSED	\$ _____