



Florida Health Sciences Library Association
 2007 Annual Meeting
 June 13-15 2007
 Hilton Deerfield Beach / Boca Raton
 100 Fairway Drive
 Deerfield Beach, FL 33441

<http://www.library.health.ufl.edu/fhsla/conferences/annual2007.htm>

CONFERENCE REGISTRATION FORM

Name: _____ Institution: _____

Address: _____

City/State/Zip _____

Phone: _____ Fax: _____ Email: _____

First Time Attendee: Yes _____ No _____ Poster Presenter: Yes _____ No _____ (See poster form)

CONFERENCE FEES

FULL CONFERENCE FEE: (Includes Thursday banquet and Friday luncheon)

| | <u>FHSLA Member</u> | <u>Non-Member</u> | <u>Student</u> | <u>Amount Due</u> |
|----------------------------|---------------------|-------------------|----------------|-------------------|
| Early Bird: April 25, 2007 | \$105.00 | \$125.00 | \$ 50.00 | \$ _____ |
| After: April 26, 2007 | \$125.00 | \$150.00 | \$ 60.00 | \$ _____ |

Will attend Thursday Banquet: Yes _____ No _____ Will attend Friday Luncheon: Yes _____ No _____

For special dietary needs or disabilities, please contact: Kaye Robertson at kayerob@nova.edu or 954-262-3123

CONTINUING EDUCATION FEES

Register Early! Classes not meeting their quotas will be cancelled May 14, 2007

| | <u>FHSLA</u> | <u>Non-Member*</u> | <u>Student*</u> | <u>Amount Due</u> |
|---|-----------------|--------------------|-----------------|-------------------|
| A. Measuring Your Impact, <u>Wed, June 13, 10:30-5</u> Dale Prince (6 CE credits) | \$ <u>75.00</u> | \$ <u>95.00</u> | \$ <u>45.00</u> | \$ _____ |
| B. Geeks Bearing Gifts, Thurs, June 14, 8:00 -12:00 J. Dale Prince (4 CE credits) | \$ <u>75.00</u> | \$ <u>95.00</u> | \$ <u>45.00</u> | \$ _____ |
| C. Writing for Publication, Thurs, June 14, 8:00 -12:00 Rachel Singer Gordon | \$ <u>80.00</u> | \$ <u>100.00</u> | \$ <u>50.00</u> | \$ _____ |
| D. Emotional Intelligence, Thurs, June 14 1:30-5:30 Candace D. Watson | \$ <u>75.00</u> | \$ <u>95.00</u> | \$ <u>45.00</u> | \$ _____ |
| E. Stepping out of the Library, Thurs June 14 1:30-5:30 Elizabeth Killingsworth and Corinne Bishop | \$ <u>75.00</u> | \$ <u>95.00</u> | \$ <u>45.00</u> | \$ _____ |

* As space permits

ADDITIONAL MEAL TICKET(S)

| | | | |
|-------------------|--------------------------|------------|----------|
| Banquet Tickets | _____ tickets @ \$ 50.00 | Amount Due | \$ _____ |
| Breakfast Tickets | _____ tickets @ \$ 18.00 | Amount Due | \$ _____ |
| Luncheon Tickets | _____ tickets @ \$ 20.00 | Amount Due | \$ _____ |

PAYMENT INFORMATION

Makes checks payable to FHSLA (FEIN: 59-2829362)

Send payment with form to:

Nadine Dexter
 Maguire Medical Library
 1115 West Call Street
 FSU College of Medicine
 Tallahassee, FL 32306-4300
 850-644-6683 / 850-644-9942 Fax
nadine.dexter@med.fsu.edu

FINAL AMOUNT DUE

Registration: \$ _____
 CE Class(es): \$ _____
 Additional Meal Ticket(s): \$ _____
 Total Amount Enclosed: \$ _____