



Florida Health Sciences Library Association

www.fhsla.org

2008 Annual Meeting, May 28-30, 2008

Renaissance Vinoy Resort and Golf Club
501 Fifth Avenue, NE - St. Petersburg, FL 33701

<http://vinoyrenaisancesort.com>

Reservations: 1-888-303-4430 or 1-800-468-3571

Conference Registration Form

Name: _____

Institution: _____

Address: _____

City, State, Zip _____

Phone: _____

Email: _____

First Time Attendee: Yes ___ No ___ Poster Presenter: Yes ___ No ___ (see poster form)

Conference Fees

All these events are included in the price of registration: **Please indicate which you will be attending*:**

___ Exhibitor Reception 5/29* ___ Banquet 5/29* ___ Breakfast 5/30* ___ Lunch 5/30*

For special dietary needs please contact: Barbara Wood at bawood@healthlib.usf.edu or 813-974-7907

	<u>FHSLA Member</u>	<u>Non-member</u>	<u>Student</u>	<u>Amount Due</u>
Early Bird Registration	\$125.00	\$150.00	\$50.00	\$ _____
After April 25, 2008	\$155.00	\$180.00	\$60.00	\$ _____

Early registration deadline has been extended!

___ I will attend the **Salvador Dali Museum Tour**, Wednesday, May 28th; 2:00-4:00 pm Tour: \$13.00 + trolley: 0.50 payable at time of tour – meet in the hotel lobby at **1:00 pm**

<u>Continuing Education</u>	<u>FHSLA Member</u>	<u>Non-member</u>	<u>Student</u>	<u>Amount Due</u>
	\$75.00 each class	\$100.00 each class	\$45.00 each class	

Wednesday, May 28, 2008

___ PubMed for Experts, Sheila Snow-Croft (off-site), 1:30-4:30 pm \$ _____

Thursday, May 29, 2008

___ Effective PowerPoint Presentations, Dale Prince (off-site); 8-12 noon - **canceled** \$ _____

___ Time and File Management, Lynne Fox; 8-12 noon \$ _____

___ Patient Safety Resource Seminar, Sheila Snow-Croft (off-site); 1:30-5:30 pm \$ _____

___ Purposeful Conversations, Margie West; 1:30-5:30 pm \$ _____

Additional Guests

Banquet 5/29 _____ @ \$80.00 \$ _____

Breakfast 5/30 _____ @ \$30.00 \$ _____

Luncheon 5/30 _____ @ \$35.00 \$ _____

Total Payment

Total Amount Due
\$ _____

Please make checks payable to **FHSLA** (FEIN: 59-2829362). Send payment with completed form to: **FHSLA Registration c/o Kristen Morda, Shimberg Health Sciences Library, University of South Florida, 12901 Bruce B. Downs Blvd., MDC 31, Tampa, FL 33612.** You may also fax your form with the check to follow to 813-974-1403.

Cancellations are subject to a \$35.00 processing fee and must be received in writing by May 12, 2008. No refunds will be given after this date.