



Attendee Registration Form

This program is approved NALA for 6.0 CLE credits, including 2.0 Ethics CLE credits.

Select one of the following options:

	<u>PAF Member</u>	<u>PAF Nonmember</u>	<u>Student*</u>
Early-bird Registration (now through Aug. 11)	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$50.00
Regular Registration (Aug. 12 – Sept. 8)	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$50.00
Late Registration (Sept. 9 – Sept. 16)	<input type="checkbox"/> \$185.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$50.00

*(Student registration Includes Saturday Seminar sessions only, plus Saturday's continental breakfast, lunch, and refreshment breaks.)

Additional Selections (one ticket included in registration - sales are non-refundable):

Luncheon-only Ticket (Saturday, Sept. 16)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00
Meet & Greet Reception-only Ticket (Friday, Sept. 15)	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$40.00

Name: _____
 Designation(s): CP ACP FCP FRP Other _____
 Employer: _____
 Address: _____
 City, State, Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____ Chapter: _____
 Emergency Contact: _____ Phone: _____

Meet & Greet Reception (Sept. 15): Will attend Will not attend

Special Accommodations (meals, access, etc.): _____

- For networking purposes, would you like your information to appear on the meeting registration list seen by fellow attendees and exhibitors/sponsors? Yes, I would like to network No, please keep my information private.
- By registering for the PAF Fall Seminar, I hereby grant PAF permission to use all photographic imagery and video and to provide my name to the hotel for the purpose of a room audit.

2017 Fall Seminar Total Fee: \$ _____

Method of Payment: Enclosed is my check (payable to PAF) Visa MasterCard American Express
 Card #: _____ Exp. Date: _____ CVV: _____
 Name on Card: _____ Signature: _____
 Credit Card Billing Address: Same as above
 Address: _____
 City, State, Zip Code: _____

Email completed registration form with credit card payment to awitt@kmgnet.com; Mail check and registration form to PAF 2017 Fall Seminar, 222 S. Westmonte Drive, Suite 101, Altamonte Springs, FL 32714; Fax completed registration form with credit card payment to (407) 774-6440. No registrations will be accepted by phone.

Hotel Reservations: The Seminar will be held at the Sheraton Sand Key Resort, 1160 Gulf Boulevard, Clearwater Beach, FL 33767. Guest rooms are available at the PAF discounted rate of \$134 (single/double). Contact the hotel directly by calling (727) 595-1611. The hotel must receive your reservation prior to August 11, 2017, to guarantee the accommodations of your choice. Reservations made after this date will be confirmed on a space available basis only. When calling the hotel, please be sure to mention the PAF Fall Seminar room block to receive the reduced rate. One night's hotel deposit is required upon reservation. Hotel Code: Pi12AA

PAF does not issue refunds for Student registrations, Luncheon-only, or Meet & Greet Reception-only tickets. A \$75.00 administrative fee will be deducted from all refunds made for cancellations received in writing by September 1, 2017. No refunds will be given for Student Registration. No refunds will be available for cancellations received after September 1. All refunds will be processed after the Seminar. If you are NOT a PAF member and register at the member rate, by signing this form you are giving PAF permission to charge the non-member rate to your credit card. All registration received after the published deadlines will be charged the appropriate rate according to the postmark, email, or fax date. PAF reserves the right to cancel this event for any unforeseeable circumstances. Speakers and the schedule are also subject to changes without notice.