

Total



## **FPHRA 80th Annual Pre-Conference**

## **Pre-Conference Registration Form**

Reservations: 1-844-210-5931

**Mention FPHRA Conference** 

\$

Naples Grande Beach Resort 475 Seagate Drive Naples, FL 34103

July 23 – July 24 2016

Please view Pre-Conference and Resort information on the FPHRA website at <a href="www.fphra.org">www.fphra.org</a>

Please print clearly in block letters or type:			(Complete a se	(Complete a separate form for each registrant.)				
Full Name: Last			First		MI			
Title:			Preferred na	me (for badge)	:			
Employer:								
Address:								
City:			State:	Zip:				
Telephone:		Fax:	e-mail:					
		F P H R A	A Membersh	ıip				
If you would like	ke to also obtain or rene	ew membership fo	or 2016, complete the	nis section. Oth	erwise, skip this section.			
Membership status: New Membership Renew Membership								
Select the ap	plicable membership	below:						
Agency \$135.00 Individual \$5			5.00 Qual	ified Retiree \$	325.00			
Lifetime Member \$0 Student \$2		5.00 Asso	ociation \$150.0	0				
	Р	re - Confer	ence Regis	stration				
Select One	of the following Track	s:						
Foundation of Public HR Extended In-Depth Session and/or Masters Program Sessions								
Full Pre-Con	ference Registration	(Includes all pre-d	conference and soc	ial activities)				
	Check or Credit Card							
Member	(Paid on or prior	to June 30, 2016	\$100.0	00	\$			
	(Paid after <b>June</b>	30, 2016)	\$115.0	00	\$			
Non-Membe	er (Paid on or prior	to <b>June 30, 2016</b>	<b>5</b> ) \$150.0	00	\$			
	(Paid after <b>June</b>	30, 2016)	\$165.0	00	\$			





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NAME OF REGISTRANT:

# **CONFERENCE PAYMENT INFORMATION**

Pay using a Check

Please make checks payable to: FPHRA - (Tax ID#592808589) Please mail completed Conference Registration Form and check to:

**FPHRA** 

401 East Las Olas Blvd, #130-452 Fort Lauderdale, Florida 33301

#### Pay using a Credit Card

Please scan and e-mail or fax the completed Conference Registration form and this Payment Information form to treasurer@fphra.org or (888) 758-6286.

	sterCard can Express and Disco	<b>Visa</b> ver Cards are	not accepted)
Please print or type:			
Name as appears on cr	edit card bill:		
Billing Address:			
City:		State:	Zip:
Daytime Telephone:		e-mail:	
Card #:	Security Code:		Exp. Date:
Signature:			

If you have questions or need assistance, please contact: treasurer@fphra.org.