



Transforming Communities & Lives

2008 Florida Prevention Conference & Suicide Prevention Symposium

Symposium Sept. 30 - Oct. 1 Conference Oct. 1 -3

REGISTRATION FORM

The easiest way to register for the Prevention Conference is online at MeetingMasterMinds.com/prevention (requires a valid credit card.) In order to guarantee available space for the conference, we must receive full payment prior to attending the conference. Any payments made after August 8 including on-site are subject to a \$50.00 processing fee and attendance is on a space available basis.

CONFERENCE REGISTRATION FEES

Golden Ticket Combo Registration (Symposium & Conference)

Early Bird (April 1 – May 31)	\$350
Regular (June 1 – Aug. 8)	\$400
Late (Aug. 9 – Sept. 23)	\$475 (includes \$50 late processing fee)

Suicide Symposium Only \$250 (includes \$50 late processing fee)

Prevention Conference:

Early Bird (April 1 – May 31)	\$195
Regular (June 1 – Aug. 8)	\$225
Late (Aug. 9 – Sept. 23)	\$275 (includes \$50 late processing fee)

* please call 904-236-6838 for group discounts (5 or more people from the same organization)

Single Day Rate (Symposium or Conference) \$110 (After August 9 add \$25 late fee)

Registration confirmations will be mailed or emailed within 10 business days after receipt of registration. There will be no refunds after September 1st. Cancellations received in writing before this date will be refunded less a \$25 administration fee. Substitutions must be made in writing before September 1st.

REGISTRANT'S INFORMATION

Name (as it should appear on badge): _____

Organization: _____ Title _____

I am a (choose most accurate category):

- | | |
|---|-------------------------------|
| State Agency Employee | Program / Grant Administrator |
| Local Coalition Member | National Non-Profit |
| Educator / Teacher / School Administrator | School District Official |
| Treatment Provider | Parent |
| College / University Faculty / Administrators | School Resource Officer |
| Law Enforcement / Corrections Officer | Judicial System |
| Other _____ | |

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____ (only for emergency)

Fax: _____ Email: _____

REGISTRATION TYPE

Golden Ticket Combo Registration: *Suicide Prevention Symposium & Prevention Conference*

- Early Bird (April 1 – May 31)** **\$350**
- Regular (June 1 – Aug. 8)** **\$400**
- Late (Aug. 9 – Sept. 24)** **\$475** *(includes \$50 late processing fee)*

Suicide Symposium:

- Suicide Symposium Only (2 days)** **\$200**

Prevention Conference:

- Early Bird (April 1 – May 31)** **\$195**
- Regular (June 1 – Aug. 8)** **\$225**
- Late (Aug. 9 – Sept. 24)** **\$275** *(includes \$50 late processing fee)*

DAY RATE:

- Day Rate (Symposium or Conference)** **\$110**

PAYMENT INFORMATION (check one):

Purchase Order*: P.O. Number _____ *(A copy of the actual PO is required.)*

Check enclosed (Make Checks Payable to Hillsborough County Anti-Drug Alliance)

Credit Card (Complete information below and please print clearly)

Type: Visa MasterCard American Express *(circle one)*

Cardholder's Name: _____ *(print)*

Card #: _____

Exp. Date: _____

Signature: _____ Date: _____

Billing Address of credit card (if different from registrant's address):

Address: _____

City: _____ State: _____ Zip: _____

SPECIAL REQUESTS

Please check here if you have special access or dietary needs. Attach to this registration form a full description of your needs. We must be informed of your special needs in writing before September 1st in order to accommodate them.

FAX to Meeting MasterMinds:
904-236-6792
or
904-396-9212

Snail Mail:
Statewide Prevention Conference
c/o Meeting Masterminds, Inc.
1513 Orlando Circle South
Jacksonville, FL 32207