



# 2019 FORUM REGISTRATION

## A Conference for Hospice and Palliative Care Professionals

by Florida Hospice & Palliative Care Association

### FULL CONFERENCE REGISTRATION (May 30 & May 31)

Includes three general (plenary) sessions, five concurrent workshop series, continental breakfast, lunch and refreshment breaks each day, Thursday's cocktail party, digital conference handout materials, and other conference materials. Does not include cost of lodging, travel expenses, or additional meals.

**\$425 Early Bird Rate // \$490 Regular Rate**

(received by 3/22/19)

(after 3/23/19)

### THURSDAY ONLY REGISTRATION (May 30)

Includes two general (plenary) sessions, three concurrent workshop series, continental breakfast, lunch and refreshment breaks, digital conference handouts materials, and other conference materials. Does not include cost of lodging, travel expenses, or additional meals.

**\$245 Early Bird Rate // \$280 Regular Rate**

(received by 3/22/19)

(after 3/23/19)

### FRIDAY ONLY REGISTRATION (May 31)

Includes one general (plenary) session, three concurrent workshop series, continental breakfast, lunch and refreshment breaks, digital conference handout materials, and other conference materials. Does not include cost of lodging, travel expenses, or additional meals.

**\$219 Early Bird Rate // \$259 Regular Rate**

(received by 3/22/19)

(after 3/23/19)

### PLEASE NOTE

Registrations received or changed after 5/3/19 will incur a \$50 charge.

### GUEST MEAL PASS

This pass allows admission to the meals only and can only be purchased in conjunction with a conference admission. Allows admission to meals, breaks, receptions, and Exhibition Hall only.

**\$100 Full Conference (both days) // \$75 Thursday Pass Only // \$50 Friday Pass Only**

## ORGANIZATION INFORMATION:

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

## PAYMENT INFORMATION:

Total Full Registrations \_\_\_\_\_ + Total Thursday Registrations \_\_\_\_\_ + Total Friday Registrations \_\_\_\_\_ + Total Guest Meal Passes \_\_\_\_\_ = \$ \_\_\_\_\_ Total Registration Amount

CHECK: Enclosed is the amount of \$ \_\_\_\_\_ Make checks payable to Florida Hospice & Palliative Care Association

CREDIT: Charge the total fee of \$ \_\_\_\_\_ to the credit card below.

Card Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Number: 

--	--

 / 

--	--

Code: 

--	--	--	--

Card holder name \_\_\_\_\_

Phone # associated with card \_\_\_\_\_

Credit card billing address \_\_\_\_\_

## SUBMISSION:

Send your completed form and credit card information one of the following three ways:

1. Email - info@floridahospices.org
2. Fax - (850) 878-5688
3. Mail - Florida Hospice & Palliative Care Association  
2000 Appalachian Pkwy, Suite 200, Tallahassee, FL 32301

## FORUM ATTENDEES (under one payment)

Please fill out a new form for any additional attendees using a different payment method. Please type or print legibly.

Full Name:
Badge Name:
Job Title:
Email Address:
License Type & #:
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only
Meal Preference (circle one): Regular // Vegetarian // Gluten Free // Dairy Free

Full Name:
Badge Name:
Job Title:
Email Address:
License Type & #:
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only
Meal Preference (circle one): Regular // Vegetarian // Gluten Free // Dairy Free

Full Name:
Badge Name:
Job Title:
Email Address:
License Type & #:
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only
Meal Preference (circle one): Regular // Vegetarian // Gluten Free // Dairy Free

Full Name:
Badge Name:
Job Title:
Email Address:
License Type & #:
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only
Meal Preference (circle one): Regular // Vegetarian // Gluten Free // Dairy Free

Full Name:
Badge Name:
Job Title:
Email Address:
License Type & #:
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only
Meal Preference (circle one): Regular // Vegetarian // Gluten Free // Dairy Free

Full Name:
Badge Name:
Job Title:
Email Address:
License Type & #:
Registration Type (circle one): Full (Thurs & Fri) // Thursday Only // Friday Only
Meal Preference (circle one): Regular // Vegetarian // Gluten Free // Dairy Free

CEs are available for the following clinical licenses: Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling (provider #50-722, expires 3/31/2021); Florida Board of Nursing (provider #50-722, expires 10/31/2020); Florida Board of Nursing Home Administrators (provider #50-722, expires 9/30/2020); Florida Board of Nursing - Certified Nursing Assistants (provider #50-722).