

Registration Form

Open Books Open Minds
2009 Florida Literacy Conference
May 6-8, Pre-Conference events May 5
The Belleview Biltmore Resort, Clearwater

Name _____ Title _____

Organization/Agency _____

Street Address _____

City, State, Zip _____

Phone (____) _____ FAX (____) _____ E-mail _____

I identify myself as (check one): Adult Learner Business Corrections DOE Exhibitor

Librarian Program Manager/Coordinator Teacher Volunteer Tutor/Teacher Other _____

Florida Literacy Coalition Members Get a Discount!

(Only one Conference registrant from a member organization may receive the registration discount. See www.floridaliteracy.org for member benefits.)

New or renewing membership:

Individual \$25 \$ _____

Organization (if annual budget is under \$200,000) \$50

Organization (if annual budget is over \$200,000) \$75

Registration Prices:

Full Conference Early Bird: postmarked by March 10:	<input type="checkbox"/> Member \$180	<input type="checkbox"/> Non-Member \$205	\$ _____
Full Conference: postmarked before April 20:	<input type="checkbox"/> Member \$205	<input type="checkbox"/> Non-Member \$230	\$ _____
Full Conference: on-site, after April 20: \$245	Register on-site at the event		

Full Conference: Adult Learner: \$90 (no fee for adult learners attending Wednesday, May 6th only) \$ _____

Wednesday, May 6 Only, Adult Learner Registration for Adult Learner Day: \$0 \$ _____

Wednesday, May 6 Only: \$100 \$ _____

Wednesday, May 6 Only, on-site, after April 20: \$110 Register on-site at the event

Thursday, May 7 Only: \$100 \$ _____

Thursday, May 7 Only, on-site, after April 20: \$110 Register on-site at the event

Friday, May 8 Only: \$65 \$ _____

Friday, May 8 Only, on-site, after April 21: \$75 Register on-site at the event

Presenter Registration Rate: \$180 (I have been selected as a presenter) \$ _____

Presenting Only, (no charge, \$0) By registering 'Presenting Only' I understand that I am not required to pay a registration fee but cannot participate in any conference events i.e.: opening reception, breakfast, refreshment breaks, general sessions, and current sessions.

Check the line at the right if you plan to attend the complimentary luncheon Friday. _____

Florida Literacy Awards Banquet: Thursday, May 7, 6:30-8:30pm, \$24 for attendees, \$29 for other guests \$ _____

Guest(s) name(s): _____

Do you have any special physical , dietary (for example, vegetarian, kosher), or other needs: Yes No

If yes, please describe: _____

Total Enclosed: \$ _____

In order to process your registration, one of the following must be attached to register for cost related events:

____ My check is enclosed. Check # _____

____ Please invoice my agency (purchase order or letter of approval must be attached) PO# _____

MasterCard VISA Credit Card # _____ Expiration Date ____/____

3 digit V Code _____ (last 3 digits on back of card) Signature: _____

Billing address: _____

Please make checks payable to "Florida Literacy Coalition" and mail to:
Florida Literacy Coalition, Inc., Attn: Registration • 934 N. Magnolia Ave., Suite 104; Orlando, FL 32803
Fax: 407-246-7104