



JULY 26, 2013
FLORIDA HEALTH LITERACY SUMMIT REGISTRATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Email: _____
Job Title: _____
Organization/Agency: _____

Registration Fee (includes box lunch and parking)

Individual Registration **\$15.00**

I would like to apply and receive continuing education credits for attendance:

YES NO

Continuing Education Credit (additional) **\$12.00**

Check all that apply:

- Please send me information on hotel accommodations.
- I will need a Parking Pass.

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 # _____

My credit card information is included:

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 or fax to:
Florida Literacy Coalition, Attn: Health Literacy Summit • 250 N. Orange Ave., Suite 1110, Orlando, FL 32801
Fax: 407-246-7104