46th Annual FRA Conference

Reading: Your Passport to the World!

September 4-7, 2008

Shingle Creek Resort, Orlando

Please print or type. Duplicate this form as needed.

Pre-Registration Deadline:

Your registration form & payment must be *postmarked* no later than August 11, 2008.

You may register online thru August 20, 2008.

FLORIDA Reading ASSOCIATION

Dr. _____ Mr. _____ Ms._____ First Name: _____ Last Name: _____

School/Organization: _____ School System/District: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Conference Confirmation and Name Badge will be mailed to this address

E-mail: _____ Day Telephone: _____ Fax: _____

Conference Registration

Please check one of the following:

_____ Already a 2008/2009 Member, joined after 3/31/08
____ Renewing Member, membership included in registration
____ New Member, membership included in registration
____ Non-Member, I do not want to join the FRA

Registration fees prior to August 11, 2008

	Member	New or Renewing	Non-Member
☐ Full Conference	$100.00	$125.00	$150.00
☐ One day	$ 50.00	$ 75.00	$100.00
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday			
Full-Time Student or Retired:			
☐ Full Conference	$ 50.00	$ 60.00	$85.00
☐ One day	$ 25.00	$ 35.00	$60.00
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday			

Registration fees after August 11, 2008

	Member	New or Renewing	Non-Member
☐ Full Conference	$125.00	$150.00	$175.00
☐ One day	$ 65.00	$ 90.00	$115.00
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday			
Full-Time Student or Retired:			
☐ Full Conference	$ 75.00	$ 85.00	$110.00
☐ One day	$ 40.00	$ 50.00	$ 75.00
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday			

TOTAL REGISTRATION FEES: $_____

Institutes (Thursday, September 4):

You must be registered for the conference to attend the Pre-conference Institutes on September 4. Descriptions for the Institutes are on the back. Circle the number of your Institute choice.

12:00 – 2:45 pm

1 2 3 4 5

Keyword: _____ ____ $25

3:00 – 5:45 pm

6 7 8 9 10

Keyword: _____ ____ $25

Ticketed Events

Friday Book and Author Luncheon: ____$30

★ **Suzanne Fisher Staples**

Suzanne's stories help us to celebrate the differences among us, find our place in the world, and better understand our common humanity.

Saturday Book and Author Luncheon: ____$30

★ **Denise Fleming**

Denise tells us making picture books is something she simply has to do and that she finds her artistic technique of pulp painting cathartic.

Sunday: **Breakfast with the Authors**, ____$15

TOTAL AMOUNT DUE: $_____

(Registration fees + Institutes + Ticketed Events)

Payment Information:

❑ Check/Money Order attached. *Please make payable to FRA.*

❑ Invoice My Institution - *Please submit a separate registration form for each person on the purchase order.*

Purchase Order #: _____

Organization: _____

Attn:_____

Street Address: _____

City: _____ State: _____ Zip:_____

❑ Credit Card Information (*VISA or MasterCard only*):

Card Number:_____

Exp. Date:_____3-Digit Security Code:_____

Cardholder Name:_____

Signature of Cardholder: _____

Mail To: *FRA Registration Management*
P.O. Box 12189, Tallahassee, FL 32317-2189

Fax To: 850-906-0077 (*PO & Credit Card Registrations)*

General Information *(check all that apply):*

❑ It is my **first time** attending FRA.
❑ I require **special assistance** covered under the Americans with Disabilities Act. *(You will be contacted concerning arrangements.)*

I will attend the following FRA Sponsored Events:

❑ Thursday, September 4, 6:00 – 8:00 pm - Exhibit Hall Grand Opening Gala, hosted by FRA & Exhibitors
❑ Friday, September 5, 5:15 – 6:30 pm - President's Reception
❑ Friday, September 5, 8:30 – 10:30 pm - Dance

Cancellation Policy: All cancellations and requests for refunds are subject to an administrative fee of $10.00 and must be *received* in writing by August 11, 2008. No refunds will be given after this date.

Questions??

Registration questions can be emailed to **holly@mcraeco.com.** For all other conference questions, please contact Ellen or Kathy

Ellen Supran at esupran@mac.com
Kathy Caputo at kbcpac@bellsouth.net

Please do not write in this space

Date rec'd: ___/___/___ Rec'd By: _____ Amt Paid: $_____

Check#_____ Payment Type: C S P MO ST O

Amt Due: $ PO#