



Transforming Communities & Lives

2008 Florida Prevention Conference & Suicide Prevention Symposium

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

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)

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)

REGISTRANT'S INFORMATION

Youth's Name (as it should appear on badge) _____

Age:___ Grade:___ School:_____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Fax:_____ Email:_____

Chaperone's 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:_____

Registrant Names _____

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)*

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)*

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

Conference Updates can be found at MeetingMasterMinds.com/prevention