

# FLORIDA HOME CARE CONFERENCE AND LUNCHEON

May 20, 2009 9am - 4pm

At the **Four Points by Sheraton, Orlando Studio City**  
5905 International Drive, Orlando

Sponsored By



and



## REGISTRATION

**Members (Member Employees) \$79 Each** ♦ **Non-Members \$159 Each**

The information about the attendees is REQUIRED. Please fill in completely

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide an email address for each attendee

1<sup>st</sup> Attendee: \_\_\_\_\_ Title: \_\_\_\_\_

2<sup>nd</sup> Attendee: \_\_\_\_\_ Title: \_\_\_\_\_

## TOTAL DUE

**Members** \_\_\_\_ x \$79 = \_\_\_\_\_ **Non Member** \_\_\_\_ x \$159 = \_\_\_\_\_ **Total** \_\_\_\_\_

Payment:  Check# \_\_\_\_\_ From \_\_\_\_\_ (Made payable to FAHCS)

AmEx  MasterCard  Visa Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Security Code ( 3 digits for MasterCard + Visa; 4 digits for AmEx) \_\_\_\_\_

**YOUR CREDIT CARD STATEMENT CHARGE WILL READ AMEPA**

Signature of Card Holder \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
(Required for Credit Card Payments)

**Please fax credit card applications to 1-866-322-2060 and forward all inquiries to SEAN@AMEPA.US**

**Due Date - May 14, 2009 –**

After Due Date, the Price will be \$119 per member and \$199 for Non-Member

**FLORIDA HOME CARE CONFERENCE – Sponsored by AMEPA and FAHCS**  
2351 NW 93<sup>rd</sup> Ave - Doral, Florida 33172 33179 • 866-99-FAHCS • Fax 1-866-322-2060  
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