



16th Annual Convention Registration Form
July 16 - 17, 2010

Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Convention Registration Fee: \$ 195 per person x _____ people = _____

Name of Registrant: _____ Guest/Spouse Name: _____

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+ Golf Tournament: \$ 145 per person x _____ people = _____

Golfer: _____ Score: _____ Golfer: _____ Score: _____

Golfer: _____ Score: _____ Golfer: _____ Score: _____

+ Fishing Tournament: \$ 145 per person x _____ people = _____

Fisherman: _____ Fisherman: _____

Fisherman: _____ Fisherman: _____

+ Kids Program: (separate registration form required) # _____ children = _____
\$ 65 for 1st child; \$ 35 for 2nd from same sleeping room

+ Banquet (Saturday) \$ 135 per person x _____ people = _____

Attendee: _____ Attendee: _____

Attendee: _____ Attendee: _____

Total: \$ _____

- Yes, Let's have another Associates vs Producers volleyball game.
Yes, _____ will attend "Concretians" - the Ladies of FICAP meeting on Saturday morning.

Additional attendees: _____

- Your completed registration form should indicate what activities you are choosing. Your payment must include the Convention registration fee, plus any activities you select for each person who will be attending.
Early bird registrations (if received, including full payment, before June 1), you may deduct \$ 30 from your total payment.

Total fee(s) enclosed or to be charged to the credit card indicated below: \$ _____

Enclosed is a check or American Express Mastercard Visa

Credit Card #: _____ Exp. Date: _____

Name as it appears on card: _____ CVV2 Code: _____

Billing Address & Zip Code: _____

Cardholder Signature: _____

Make checks payable to FICAP and return to: FICAP, P.O. Box 953905, Lake Mary, Florida 32795-3905
407-333-4694 Office • 407-333-1668 Fax • www.ficap.org

Golf Tournament, Fishing Tournament and Kids Program subject to cancellation without sufficient registrations.