

MEMBER REGISTRATION FORM

Name(s): * _____

**Please list your names as you want them to appear on your name tags*

Address: _____

Telephone: _____

Email: _____

FFS Online Member? Check here _____

List names of others you want seated with you (including their state/country). To be assured of this preferred seating, registration and payment for all individuals must be received within two weeks of first registration.

NOTE: If you require Vegetarian meals, please check here _____

If you have already registered, please email lydic3@comcast.net to request this preference.

REMEMBER: Hotel Reservations must be made separately!

Please let us know where you have reserved a room: _____

OPTIONAL BUS TOUR:

Friday, August 25—See elsewhere in this newsletter for description of Pittsburgh tour. Please note that there are no meetings or other activities scheduled at the time of the tour. To reserve your seat(s), please include an additional \$34/person with your registration fee.

REGISTER EARLY !!!

- ❖ Register by May 1, 2006 and save \$20.00!
- ❖ Preferred seating for Friday and Saturday
- ❖ Eligible for prize drawing, if staying at Hilton

REGISTRATION FEE:

\$150.00 per person (if postmarked by 5-1-06)

\$170.00 per person (after 5-1-06)

Cancellation Policy: Refunds can be made in full prior to July 15, 2006; between July 15 and August 15, a \$25 per person processing fee will be charged. After August 15, no refunds will be made.

We encourage payment of registration fee by check, to eliminate processing fees of credit cards; however, we will accept payment by credit card, if that is preferred.

Registration:

_____ people @ \$_____ each = \$_____

Bus Tour:

_____ people @ \$34.00 each = \$_____

TOTAL..... \$_____

Mail this completed Member Registration Form with check or credit card information to:

Dot Lydic
201 Park Place
Pittsburgh, PA 15237

Payment by Check

Please make checks payable to:
FFS Convention 2006

Payment by Credit Card

Visa _____ MC _____ AmEx _____

Credit Card Number _____

Expiration Date _____

Authorized Signature

Print name as it appears on card

Cardholder's address