

INSTRUCTIONS

Copy this form and fill out STEP 1 for additional each person. Send all forms together.



FOR HELP WITH REGISTRATION CONTACT FSANA

by phone: 610-791-4359
by email: info@fsana.com

ATTENTION NON-MEMBERS SAVE \$100, \$200 or \$300

Join or renew online now to become a current FSANA member. FSANA membership in the DPE category is set at \$150. Other membership categories vary. Altogether you will save \$300 as an early bird. Join at fsana.com.



STEP 1: COMPLETE YOUR PROFILE

Full name _____
First Last

First name or nickname for badge _____ Title/Position _____

Organization _____
Your organization's name will appear this way.

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Telephone (_____) _____ Fax (_____) _____

Email _____

Arrival date _____ time _____ Departure date _____ time _____
(Needed to estimate attendance at meals and functions)

- I have special dietary restrictions or other special needs that I will phone or email you about.
- I am a current FSANA member.

STEP 2: FIGURE YOUR PAYMENT

FEE SCHEDULE

Check one:	Early Bird <small>(by Sep 3, 2024)</small>	Special <small>(Sep 4-Oct 4, 2024)</small>	Regular <small>(after Oct 4, 2024)</small>
General	<input type="radio"/> \$ 595. pp	<input type="radio"/> \$ 695. pp	<input type="radio"/> \$ 795. pp
FSANA Member	<input type="radio"/> \$ 495. pp	<input type="radio"/> \$ 595. pp	<input type="radio"/> \$ 695. pp



**EARLY BIRDS
SAVE \$200**

REFUND POLICY

- Cancel on/before October 1, 2024, receive full refund.
- Cancel October 2-11 receive registration fee less \$100.
- Cancel after October 11 no refunds will be given.

EVENT BASICS

Event: 3rd Annual DPE Symposium
 Date: October 23-24, 2024
 Location: Rosen Plaza Hotel
 9700 International Drive
 Orlando, FL 32819
 Presenter: FSANA
 Contact: by phone: 610-791-4359
 by email: info@fsana.com

TOTAL PAYMENT (from Fee Schedule above) \$ _____

Check enclosed payable in U.S. dollars to: **FSANA**

_____ - _____ - _____ - _____

Name as it appears on card _____

Expiration date _____ / _____

Card security code # _____

STEP 3: FOUR WAYS TO REGISTER

- Online: **fsana.com** (this form is not required)
- Fax forms(s) to: **610-797-8238**
- Email forms(s) to: **info@fsana.com**
- Mail form(s) and remittance to: **FSANA / 3111 ARCADIA AVE / ALLENTOWN PA 18103**