



Northeast Regional Workshop

May 15, 2009
1:00 p.m. – 5:00 p.m.



Registration Form

Return completed form with fee to FRA, P.O. Box 1757, Tallahassee, Florida 32302-1757. Checks accepted, or payments by Visa or MasterCard must be faxed to 850/222-3806. If you have any questions, contact Jan Piland at jpiland@flcities.com or call 850/701-3622. All registrations must be received by **May 11th**.

Location: Ed Ball Building Training Room
214 N. Hogan Street
Jacksonville, FL

Please complete a separate form for each registrant.

Full Name: _____ Nickname: _____

Title: _____ Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

E-Mail: _____

Payment must accompany each form

- Free* COJ Planning and Development Department Staff
- \$10* Members of APA and FRA, and public sector employees
- \$15* Private sector employees or at the door

Check (Payable to **FRA**) Visa MasterCard

Card Holder's Name _____

Credit Card Number _____

Card Billing Address _____

Expiration Date _____

3-Digit Security Code _____