



# FRV Fiesta



## REGISTRATION Form

Please type or print all information clearly.

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Region #: \_\_\_\_\_ Business Type: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Registration fees include access to all business meetings, social functions and meals at the events.

	(Men's) T-Shirt Size Small - 3XL	Registration Fee:	
1st Company Employee: _____	_____	\$375.00	\$ _____
2nd Company Employee: _____	_____	\$350.00	\$ _____
3rd Company Employee: _____	_____	\$350.00	\$ _____
4th Company Employee: _____	_____	\$350.00	\$ _____
Child Attendee: _____	Age: _____	\$200.00	\$ _____
Child Attendee: _____	Age: _____	\$200.00	\$ _____
Child rate applies to Ages 8-12      Children under 7 years of age are FREE.		Total	\$ _____



## BUSINESS Social FUNCTIONS

Please indicate the number of people attending each function.

- |                                    |  |
|------------------------------------|--|
| _____ Thursday: Welcome Reception  | _____ Saturday: Game Show Luncheon                               |
| _____ Friday: General Session      | _____ Saturday: Awards Banquet<br>(not recommended for children) |
| _____ Friday: Costume/Dinner Party |  |

Note: If you have special dietary needs, please advise the State Office in advance.

## FRIDAY Afternoon ACTIVITIES

### DANCE LESSONS

Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

### GOLF OUTING

Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

**Please make checks payable to FRVTA & mail with this form to:**  
 FRVTA Convention, 10510 Gibsonton Drive, Riverview, FL 33578  
 Online registration available at [www.frvta.org/members/state-convention](http://www.frvta.org/members/state-convention)  
 For further assistance contact: [AnaC@frvta.org](mailto:AnaC@frvta.org)/813-741-0488

