



RVs THE NEW FRONTIER



REGISTRATION FORM

Please type or print all information clearly.

Company Name: _____ Region #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

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 Attendee: _____	_____	_____	\$325.00	\$ _____
2nd Attendee: _____	_____	_____	\$300.00	\$ _____
3rd Attendee: _____	_____	_____	\$300.00	\$ _____
4th Attendee: _____	_____	_____	\$300.00	\$ _____
Child Attendee: _____	Age: _____	_____	\$175.00	\$ _____
Child Attendee: _____	Age: _____	_____	\$175.00	\$ _____
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
 # _____ Friday: Costume/Dinner Party (not recommended for children)

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

FRIDAY AFTERNOON ACTIVITIES

ST. AUGUSTINE OUTING

Name: _____

Name: _____

Name: _____

GOLF OUTING

Name: _____

Name: _____

Name: _____

PLEASE MAKE CHECKS PAYABLE TO FRVTA AND MAIL WITH THIS FORM TO:
FRVTA CONVENTION, IOSIO GIBSONTON DRIVE, RIVERVIEW, FL 33578
CONTACT STATE OFFICE TO PAY BY CREDIT CARD.

