

## 2010 NFMA Conference Registration Form

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

Company Name (if Different): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_ - \_\_\_\_\_

Cost: 1st Person (Member-Before Feb. 15) = \$295 & Name: \_\_\_\_\_

1st Person (Member-After Feb. 15) = \$395 & Name: \_\_\_\_\_

2nd Person (Member) = \$295 & Name: \_\_\_\_\_

Additional Guests = \$250 Each & Names: \_\_\_\_\_

Meals & Cocktail Reception Only = \$175 Each (Please List Names Below)

Name(s): \_\_\_\_\_

Cocktail Reception Only= \$75 Each (Please List Names Below)

Name(s): \_\_\_\_\_

Total # Attending = \_\_\_\_\_ Total Payment = \$ \_\_\_\_\_

**\*Only Fully Registered Attendees May Participate in Conference Programs**

### Optional Events:

**Golf Tournament: Tuesday, March 2 at the Revere Golf Club**

**• 10am shotgun start • Box Lunch Included • \$95 or \$125 (inc. Rental Clubs)**

Name/Handicap: \_\_\_\_\_ Name/Handicap: \_\_\_\_\_

Name/Handicap: \_\_\_\_\_ Name/Handicap: \_\_\_\_\_

### Payment Method

Check     Credit Card:     Visa     Mastercard     American Express

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Please Make Checks Payable to:

NFMA

2699 Country Club Blvd.

Orange Park, Fl. 32073



**2010 NFMA Conference  
Sponsorship Opportunities**

- I. Breakfast Sponsor (2 Available) .....\$1,500
- II. Luncheon Sponsor (2 Available) .....\$2,000
- III. Golf Tournament Sponsor .....\$1,000
- IV. Cocktail Party .....\$3,000

*\*Note: The above sponsorships may be shared by multiple participants.*

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_ - \_\_\_\_\_

Type of Sponsorship \_\_\_\_\_ Amount Due: \_\_\_\_\_

Payment Method

Check     Credit Card:     Visa     Mastercard     American Express

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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