



FLORIDA SART CONFERENCE

State Agriculture Response Team



May 30 - June 1, 2007 — TradeWinds Island Resort — St. Pete Beach, Florida

REGISTRATION FORM

Please type or print neatly. Photocopy as needed.

Dr. Mr. Ms. Mrs. Other _____

Name: First _____ Last _____

Department _____

Division/Agency _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-Mail Address _____

Special Needs: Check here if you require special assistance to participate and attach a written description of your needs.

Vegetarian lunch requested

Registration Information

Registration fee \$ 20.00

Credit card processing
fee — add \$1.00 \$ _____

TOTAL \$ _____

A course agenda will be sent with attendee confirmations.

Hotel Information

The TradeWinds Island Resort is the conference hotel and is offering a special conference rate of \$99 single/double. The hotel is located at 5600 Gulf Boulevard, St. Pete Beach, Florida 33706. This rate is available 3 days pre and post conference. **To make hotel reservations, call 727.367.6461. Ask for "Florida SART Conference" to get the special rate.**

The cut-off date for reservations is April 27, 2007. After April 27, \$99 room rate is based on availability. A credit card is required to guarantee the room; however, your card will not be charged until you arrive.

Cancellation Policy

Registration fees will be refunded with written notification if received by April 27, 2007. After April 27, registration fees are not refundable and purchase orders will be invoiced. Substitutes are welcome. *Please call Meeting Makers at 850.656.0025 if a registrant will have a substitute.*

You may also fax your registration form to Meeting Makers at 850.656.6696 or email to Barbara@MeetingMakersInc.com. Please be sure to completely fill out all requested information.

Payment Information

Payment by credit card is preferred. If you wish to pay by check or purchase order, please make it payable to "Florida SART Conference", FEID#59-59-3259781

Payment enclosed \$ _____ Check # _____
 Purchase Order \$ _____ P.O. # _____

If paying by purchase order, complete a separate registration form for each person on the P.O. Registration form must be accompanied by a numbered P.O. Requisitions will not be accepted.

Credit Card (check one) Amex VISA MasterCard Amount \$ _____

Credit Card No. _____ Exp. Date _____

Signature _____

Mail registration and payment to:

Florida SART Conference
c/o Meeting Makers, Inc.
Post Office Box 15106
Tallahassee, FL 32317-5106

Do not write in this space. Thank you.

Amount Rec'd:\$ _____ Amount

Due:\$ _____

Date: _____ By: _____