FLORIDA SHERIFFS ASSOCIATION'S

ANNUAL JAIL ADMINISTRATOR WORKSHOP & TRADESHOW

December 5-8, 2005 • HILTON DAYTONA BEACH • Daytona Beach, FL

Phone: 386/252-8200

SPONSOR REGISTRATION FORM

(Please Type or Print)

Complete and return this form to: Florida Sheriffs Association, ATTN: Rnee´ Dean, Post Office Box 12519, Tallahassee, FL 32317-2519, Phone 850/877-2165, FAX 850/878-8665.

_____
NAME OF COMPANY (as you desire the name to appear in Program)

_____
ADDRESS

_____ _____ _____
CITY STATE ZIP CODE

_____ (_____) _____ (_____) _____
CONTACT TELEPHONE FAX

Briefly describe nature of business: _____

1. If your firm desires exhibit space, please indicate which of the items below apply to your exhibit needs.

   a. Do you desire a table? ___ Yes ___ No
   b. Are you bringing a backdrop ___ Yes ___ No; If so, table or free-standing? Size _____
   c. Number of chairs needed: _____
   d. Number of electrical outlets needed: _____ (110v)
   (If you require a 220v. outlet, a telephone line or another special need, please contact the Hilton Daytona Beach, Conference Services, at 386/947-8020

   e. Other exhibit needs: _____

2. Does your firm wish to sponsor or co-sponsor a scheduled function (meal or activity)?
   _____ Yes _____ No
   If yes, please call Rnee´ Dean at 850/877-2165 for further information.

3. Name and title of each individual attendee of your firm to attend this workshop.
   Please type or print as name should appear on name tag)

	Name	**Title**
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

REGISTRATION FEES: (**$100.00 non-refundable, if you cancel after registration**)

Full Sponsor and Exhibitor Fee (includes 2 individual registrations and one 6' skirted table)	$500		$
Additional Individual Attendee(s) Registration (above first 2)	$200	@	$_____
Additional Table (6 foot)	$500	@	$_____
TOTAL REGISTRATION FEES:			$_____

_____

_____

METHOD OF PAYMENT: (Payment in advance or at time of registration – NO EXCEPTIONS)
❑ Check made payable to Florida Sheriffs Association (check no._____)
❑ Visa ❑ Mastercard ❑ Will Pay at Conference

❑ Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: _____ /_____ Signature_____
(Print & Sign Name shown on credit card)

Deadline for Hotel & Conference Registration – November 14, 2005