

SPONSOR REGISTRATION
FSFOA Conference, November 14 - 17, 2017
Holiday Inn, Tampa Westshore
Tampa, FL

Sponsor Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

My Company would like to participate as a:

☐

Basic Sponsor - Enclosed is a check for \$1,500 - **PAYMENT DEADLINE Friday, October 27, 2017**

☐

Other (I will contact you so we can work together on the details)

Please describe your business for the program agenda:

Name Badge Requests (Two representatives from your company):

Additional Badge Requests (Additional \$125 per person):

***Additional Requests - Due to space issues please note if you need a table. Thank you.**

Display Table Needed: _____

Power Supply:

Yes ☐

No ☐

Very Important - Please check one

If you've paid the registration on-line (www.FSFOA.org) please return this **form** to me:

If writing a check, please make payable to **FSFOA** and return **the check & completed form** to:

Gretchen Saunders
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