



Florida American Sign Language Teachers Association
■ 2018 Annual Professional Development Conference ■
February 16th-18th, 2018

Renaissance Tampa International Plaza Hotel (Marriott)
 4200 Jim Walter Blvd, Tampa, FL 33607

" 30th Anniversary "

Conference Registration & Membership Application

Name			
Address			
City	Zip	Phone ()	Voice / VP / Text
Email:			
Florida county:	Work Phone ()	Voice / VP / Text	
For Saturday Banquet – Please check one - >>		<input type="checkbox"/> Regular <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegan <input type="checkbox"/> Other _____	

The conference will begin Friday evening and end Saturday night with workshops provided the entire weekend including entertainment and the annual business meeting. **ASLTA points and RID CEUs will be available.**

- 1) Online:** Reservations can be made online at <http://www.marriott.com/hotels/travel/tpaim-renaissance-tampa-international-plaza-hotel>
 Enter the date 2/16-18, 2018 Click on the drop down for special rates – Group code of ASLASLA
- 2) Phone:** Reservations Desk Direct ay (813) 877-9200. Reference the group code: ASL
Group rate is available at \$159USD/night + tax.
 >>>>>For more information, you may email Marikarobinson@gmail.com

CONFERENCE RATES (based on current FASLTA membership):	
<input type="checkbox"/> 2017-2018 FULL MEMBERSHIP DUES *TEACHERS (SEPTEMBER to AUGUST)	\$ 25.00
<input type="checkbox"/> SUPPORTING MEMBERSHIP DUES *Non-teachers ONLY (SEPTEMBER to AUGUST)	\$ 19.00
Must pay membership first before registration conference	
<input type="checkbox"/> EARLY REGISTRATION (MUST BE POSTMARKED BY January 12th, 2018):	Member \$ 150.00
<input type="checkbox"/> REGULAR REGISTRATION (MUST BE POSTMARKED BY January 31st, 2018):	\$ 200.00
<input type="checkbox"/> LATE/ON-SITE REGISTRATION (If space is available)	\$ 250.00
<i>Registration includes conference materials, snack & drinks, Saturday Luncheon and Banquet, and entertainment. Refund policy: A \$20 handling/paperwork fee will be charged for any refund request. Refund request must be made in writing via email to cifaslta@aol.com</i>	
<input type="checkbox"/> PRESENTER REGISTRATION (*NOTE: Membership is only \$25.00 included plus banquet \$25)	\$ 150.00
<small>(Please allow 4-6 weeks for receipt of your membership card and materials. Thank you.)</small>	

<input type="radio"/> ASLTA Certification level (if applicable) <input type="checkbox"/> Certified Level <input type="checkbox"/> Master Level <input type="checkbox"/> FL ASL K-12 Endorsement
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SCHOLARSHIP DONATION –
Donation to support scholarship to help ASL teachers attend the annual FASLTA Conference \$ _____

Total Amount Enclosed \$ _____

MAKE YOUR CHECK PAYABLE TO FASLTA AND MAIL TO: Cindi Jacobs, FASLTA Treasurer - CJFASLTA@AOL.COM
 4911 Pinemore Lane
 Lake Worth, FL 33463

DO NOT WRITE BELOW THIS LINE

CONFERENCE	\$	Date received:	Postmark date:
MEMBERSHIP	\$	Date received:	Card sent:
SCHOLARSHIP	\$		

METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK (# _____) <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> SQUARE <input type="checkbox"/> TOTAL \$ _____
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