



**FICAP 25th Anniversary
Convention Registration
July 19 – 22, 2017**

Firm: _____
 Contact: _____
 Phone: _____
 Email: _____

Convention Registration Fee:

\$ 450.00 x _____ couple(s) = _____

*(Includes admission for registrant to: Keynote Breakfast & Calcutta Auction;
 (Includes admission for spouse to: Ladies Reception (Wed night), Brunch (Thurs), Keynote & Calcutta).*

Registrant: _____ Keynote Calcutta
 Spouse: _____ Reception Brunch Keynote Calcutta
 Registrant: _____ Keynote Calcutta
 Spouse: _____ Reception Brunch Keynote Calcutta
 Registrant: _____ Keynote Calcutta
 Spouse: _____ Reception Brunch Keynote Calcutta

**Please check
the box for
those events
you and your
spouse plan
to attend.**

+ **Fishing Tournament: (Thurs)**..... \$ 200 per person x _____ people = _____

Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

+ **Golf Tournament (Sat)**..... \$ 150 per person x _____ people = _____

Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

+ **Banquet & Party (Sat)**..... \$ 160 per person x _____ people = _____

Attendee: _____ Attendee: _____
 Attendee: _____ Attendee: _____
 Attendee: _____ Attendee: _____

Total: \$ _____

Your payment must include the Convention registration fee, plus any activities you select for each person who will be attending.

Total fee(s) enclosed or to be charged to the credit card indicated below: \$ _____

Enclosed is a check or American Express MasterCard Visa

Credit Card #: _____ Exp. Date: _____

Name as it appears on card: _____ CVV2 Code: _____

Billing Address & Zip Code: _____

Cardholder Signature: _____

Make checks payable to FICAP
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