



APSP 6th Party Congress Registration Form

Once you have chosen your package, fill in the important information below.

Location of Congress: Please Note that the Congress will happen at three (3) different locations

Choose the package that best fit your needs.

Package A	Package B	Package C
<p>\$230 All 5 days includes:</p> <ul style="list-style-type: none"> • registration • banquet • food <p>Package can be paid by making 6 easy payments.</p>	<p>\$130 Sat and Sun includes:</p> <ul style="list-style-type: none"> • registration • banquet • food <p>Package can be paid by making 6 easy payments.</p>	<p>\$80 Sat and Sun includes:</p> <ul style="list-style-type: none"> • registration • food <p>Package can be paid by making 4 easy payments</p>

Individual Items

Single Day Registration	Meals	Childcare	Transportation	Banquet
<p>\$25 for 1 day registration includes</p> <ul style="list-style-type: none"> • registration fee only • (No Meals Included) <p>Circle the day(s)</p> <p style="text-align: center;">M T W</p>	<p>Adults</p> <p>Circle the days:</p> <p>\$15 Saturday</p> <p>\$25 Sunday</p> <p>\$25 Monday</p> <p>\$25 Tuesday</p> <p>\$15 Wednesday</p> <p>*Children's meals</p> <p>\$6/meal lunch or dinner</p> <p>\$6 Sat, \$12 Sun,</p> <p>\$12 Mon \$12 Tues</p>	<p>\$5 includes childcare for the duration of the conference.</p> <p>\$____/____ # of children</p>	<p>\$25 includes transportation to and from the airport and to the hotel and venue for the duration of the conference.</p> <p>Total \$_____</p>	<p>Adults \$50.00</p> <p>Children 17 or younger \$15.00</p> <p>*Children Under the age of 5 Free</p> <p>\$____/____ #of tickets</p>



\$ ___ / ___ # of days	\$6 Wed <i>**\$15/\$6 Meals are breakfast and lunch only</i> Total: \$ ___ / ___ Days			
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If you are viewing this form online, download it and fill in the information below and send the check or money order to the address at the bottom of the page.

Questions? Please email the Registration Committee at register@apspcongress.org.

Name _____

Street Address _____

City _____ State _____ Postal Code _____

Phone Number _____ Email _____

Package(s): _____

Total Amount enclosed \$ _____ Balance: \$ _____

Send Checks/Money Orders to: APSP 6th Party Congress Registration

1245 18th Avenue South

St. Petersburg, FL 33705

Questions? Please email the Registration Committee at register@apspcongress.org.