

2012 CONFERENCE
MAY 3 – 5, 2012
FT. MYERS
PUBLIC ARTWORKS
 Innovations and Strategies in Public Art

Florida Association of
 Public Art Professionals
FAPAP

May 3, 4, & 5, 2012
Conference Registration Form

Early Registration – Before April 20

\$100 FAPAP/FAM Member Planning Congress & Educators
 \$45 Student Member \$150 Non-Member
 ~includes conference material, sessions, art tours and lunches~ Amount \$ _____

Late Registration – After April 20

\$125 FAPAP/FAM Member Planning Congress & Educators
 \$70 Student Member \$175 Non-Member
 ~includes conference material, sessions, art tours and lunches~ Amount \$ _____

Per Day Rate ~ includes conference material, sessions, art tours and lunches~

\$60 per Day	Which Date(s)?	5/3	5/4	5/5	Amount \$ _____
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Optional - Membership Subscription/Renewal

\$100 per Institution (Includes Staff*) \$50 per Individual \$25 per Student Amount \$ _____
 *Please see page two to subscribe additional staff.

Name: _____
 Title: _____
 Institution: _____
 Mailing Address: _____
 Phone: _____ Fax: _____
 Email: _____ Website: _____

If paying by check, complete above section of form and mail to the Association Manager.
 If paying by credit card, complete entire form and fax/email to the Association Manager.

Association Manager
 Malinda Horton
 459 Cedar Hill Road
 Tallahassee FL 32312
 ph 850.222.6028
 fax 850.222.6112
fam@flamuseums.org

NOTE: If you prefer to provide credit card information via phone, complete only the upper section of the form and fax to the Association Manager.
 Then call 850.222.6028 to provide the credit card information below.

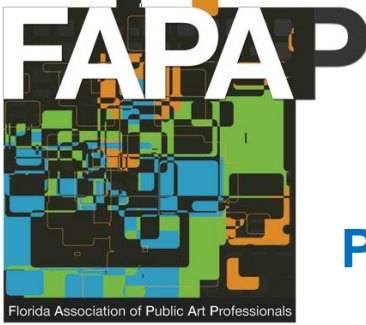


By clicking the "Buy Now" button, you will be taken to our FAPAP website for secure payment options via PayPal. You must have an internet connection for this feature.



Total to be charged to credit card: \$ _____
 (Sum of all "Amount" sections.)

Name on credit card: _____
 Credit card type: MC Visa Amex
 Credit card number: _____
 Expiration Date: _____ / _____ Security Code: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____



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Institution Membership:

1. Name: _____ Title: _____

Email Address: _____ Telephone: _____

2. Name: _____ Title: _____

Email Address: _____ Telephone: _____

3. Name: _____ Title: _____

Email Address: _____ Telephone: _____

4. Name: _____ Title: _____

Email Address: _____ Telephone: _____

5. Name: _____ Title: _____

Email Address: _____ Telephone: _____

6. Name: _____ Title: _____

Email Address: _____ Telephone: _____

7. Name: _____ Title: _____

Email Address: _____ Telephone: _____

8. Name: _____ Title: _____

Email Address: _____ Telephone: _____

9. Name: _____ Title: _____

Email Address: _____ Telephone: _____

10. Name: _____ Title: _____

Email Address: _____ Telephone: _____