

2023 FLCARH ANNUAL MEETING

SPONSOR FORM

(Please fill out a separate copy of this form for each Sponsor. This form may be reproduced as many times as necessary).

NAME: _____

SPOUSE/GUEST NAME: _____

FLCARH MEMBER: YES _____ NO _____

ORGANIZATION NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

Please check all that apply for this Sponsor:

		<u>AMOUNT</u>
_____ EXHIBITOR TABLE (Includes 1 Conference Attendee)	\$600	\$_____
_____ EXHIBITOR – Additional Attendee(s) or Guest(s) (\$300 each) _____ x \$300		\$_____
Name of Additional Attendee: _____		
Name of Additional Attendee: _____		
Name of Additional Attendee: _____		
_____ BREAK SPONSOR	\$250	\$_____
_____ AWARDS LUNCHEON SPONSOR	\$500	\$_____
_____ BEACH PARTY	\$1500	\$_____
TOTAL ENCLOSED:		\$_____

Please note that exhibitor fees received after September 18th are subject to space availability.

To register please fill out a form for each Sponsor and mail form(s) along with a check payable to:

Florida CARH
516 Lakeview Rd. Villa #8
Clearwater, FL 33756
Attn: Kevin Flynn