



Augustus B. Turnbull III

FLORIDA STATE CONFERENCE CENTER

Online Registration and Fee Collection Inquiry Form

Event Title: _____ Date(s): _____

Estimated Enrollment: _____ Are fees being collected? Y/N _____ Fee: \$ _____

Will there be more than one Fee? If so, please list out the additional Fee(s): (i.e. Early Registration, Late Registration, Student Rate, etc.) _____

Registration start date: _____ Registration end date: _____

Registration Check-In date/time(s): _____

Event Location? _____

Do you have additional custom questions you would like to ask your participants? (i.e. title, company, etc.; outside standard demographic information which are required and set by default in the system.)

What is the cancellation/refund policy for your event? (Standard Policy - Conference fee will be refunded minus registration fee):

Printed Name Tags by CAPD (Y/N): _____

Website Address: _____

Will someone in your organization or outside agency be paying for any registrants via third party payment? *

(Y/N): _____ * If so, a list of participants being paid via third party payment is required.

Registration will be set-up using the information provided on this form. The organization is responsible for communicating changes or modifications that need to be made as well as for providing any additional information that will impact registration. Failure to do so may result in additional charges.

Name and Signature Date

Please return the completed form to the Event Coordinator via email or fax to 850.644.2589

For CAPD Use Only

Coordinator:

Event ID#: