

Last Name _____ page 2

EXPECTED DAY/DATE OF ARRIVAL Sun 10/17 Mon 10/18 Tue 10/19 Wed 10/20 Thurs 10/21

EXPECTED DAY/DATE OF DEPARTURE Mon 10/18 Tues 10/19 Weds 10/20 Thurs 10/21 Fri 10/22

EXPECTED ARRIVAL BY Personal car Commercial Air Train Private aircraft (complete information below)

Please check the aircraft IF ARRIVING IN PRIVATE AIRCRAFT and provide Tail Number:

Beech Cessna Cirrus Columbia Lancair Maule Mooney Piper Rockwall Socata Other*

OTHER*, specify _____ TAIL NUMBER (required) _____

MEETING CANCELLATION POLICY

Cancellation must be received in writing by mail, fax, or e-mail. Administrative charges based on the cancellation date are:

BEFORE June 1\$25 administrative fee

June 2 - Sept. 1\$75 administrative fee

Sept. 1-Oct. 12\$125 administrative fee

After Oct. 12Registration Fees are not refunded

*Please note separate **OPTIONAL ACTIVITIES CANCELLATION POLICY** if applicable.*

ADA COMPLIANCE The Flying Physicians Association chooses facilities that are ADA compliant. If you have questions or concerns, please contact FPA Headquarters. Please provide a description of special needs here or on a separate sheet: _____

DIETARY NEEDS Please inform the FPA Headquarters (see contact information below) with special dietary requirements. _____

REGISTER TODAY BY CHECK: Complete and mail this form with your check or money order to: FPA Annual Meeting, 11626 Twain Drive, Montgomery, Texas 77356.
BY CREDIT CARD: Register online at <http://www.fpadrs.org>. Sign in with your member password.
For questions, contact the FPA Headquarters: Phone: 936.588.6505, E-mail: ahenderson@fpadrs.org