

Registration form for North Florida CFO Feb. 10th dinner thru Feb. 15th lunch, 2019

Name _____ Special Needs _____

Address _____ City _____ State ____ Zip _____

Email _____ Phone _____

Roommate _____ Arrival Date _____ Time _____

First time at CFO? _____ Please give us birth year _____ this is for the ACFO Office. Depart Date _____ Time _____

If you would like to be picked up at the airport please give air carrier _____ flight numbers _____

Mail your registration form & check (payable to North Florida CFO)
along with your travel itinerary to:
Mary Martha Purvis, 15742 SR 19, Groveland, FL 34736-9523
Please register on the ACFO website at www.cfonorthamerica.org

Registration fees \$ _____
Room & Board fees \$ _____
Daily rate fees \$ _____
Commuter fees \$ _____
Total Enclosed \$ _____

Enclose a stamped, self-addressed envelope to receive your receipt (if you do not have email). Direction are available if you request.

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