



Participant Registration Form

2016 Partners for Progress

October 12-14, 2016

Orlando, Florida

Date: _____

Participant Information *(*required)*

Name: _____ *

Company *(if applicable)*: _____

Address: _____ * Apt./Suite/Unit: _____

City: _____ * State: _____ * Zip Code: _____ *

Home Phone: _____ Cell Phone: _____ *

Work Phone: _____ Email: _____ *

Special Accommodations: _____

Registration Type *(Please choose one)*

- | | |
|--|--|
| <input type="radio"/> General Participant: \$150.00 | <input type="radio"/> Co-Presenter: \$125.00 |
| <input type="radio"/> ROOF Board/Advisory Council/APSE Board: \$125.00 | <input type="radio"/> Self-Advocate: Free |
| <input type="radio"/> Lead Presenter: Free | <input type="radio"/> Family Member: \$50.00 |

Would you like to make an additional donation?

- | | |
|--------------------------------|------------------------------------|
| <input type="radio"/> \$500.00 | <input type="radio"/> \$50.00 |
| <input type="radio"/> \$250.00 | <input type="radio"/> \$25.00 |
| <input type="radio"/> \$100.00 | <input type="radio"/> Other: _____ |

Please send an envelope with the completed registration form and check for payment (payable to Residential Options of Florida, Inc.) by mail to:

Residential Options of Florida, Inc.
2640 Golden Gate Pkwy, Suite 112-A
Naples, FL 34105

For questions, please contact Daniela Villarreal at info@flroof.org or call (239) 774-ROOF (7663)