



Disney's Yacht and Beach Club Resorts  
September 12th - 14th 2019

# ATTENDEE REGISTRATION FORM

Please Complete Registration Form and remit payment by credit card or check.

Make Check Payable to the **Society of Cosmetic Chemists Florida Chapter**

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### Registration Includes

CEP Course | Podium Presentations | Entry to Exhibits and Posters | Symposium Party

*Golf Outing is an additional cost and not included in Registration*

| Attendee Last Name | Attendee First Name | Email Address | Registration Type | CEP Course  | Cost (\$) |
|--------------------|---------------------|---------------|-------------------|---|-----------|
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
|                    |                     |               |                   | <input type="checkbox"/> Y <input type="checkbox"/> N |           |
| Total              |                     |               |                   |   |           |

| Admission Type   | Admission Rate | Contact Info:   |
|--|----------------|---|
| Single (S)<br><i>one to four registrants per company</i>                           | \$495.00       | Contact Info:<br>Company Name: _____<br>Contact Person: _____<br>Contact Email: _____ |
| Company (C)<br><i>Discounted rated for companies registering 5 or more persons</i> | \$395.00       |   |
| Student (FTS)<br><i>Full Time College Student</i>                                  | \$250.00       |   |
| Golf Outing per person (G)   | \$75.00        |   |
| Party non symposium attendee (P)   | \$150          |   |

Visa                     
  Master Card                     
  American Express                     
  Check

Name on Card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 CVV: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_



For FLSCC Use:

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Paid in Full: \_\_\_\_\_