



REGISTRATION FORM

FIBA FAMILY CONFERENCE 2010

Somerset, New Jersey July 29th – August 1st

Registration deadline July 10th 2010

For official use only

Registration

Number: _____

Date: _____

Amount Paid: \$ _____

Balance: \$ _____

Check. # _____

Registration Hotline: (469) 628 1266 or (678) 571 2301

You may also register online at www.fibana.com

First Name: _____ Last Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Assembly: _____ Assembly City: _____

REGISTRATIONS RECEIVED AFTER THE REGISTRATION DEADLINE OF 7/10/2010, HOTEL WILL CHARGE HIGHER ROOM RATE

REGISTRATION FEE	Family	Individual	No. People	Total
Lodging at the Hotel	\$40.00 (Max) <input type="checkbox"/>	\$20.00	_____	\$ _____
Daily Commuter	\$60.00 (Max) <input type="checkbox"/>	\$30.00	_____	\$ _____
After deadline of 7/10/2010	\$75.00 (Max) <input type="checkbox"/>	\$35.00	_____	\$ _____

Registration Total: \$ _____

SELECT A MEAL PLAN (Hotel room included at discounted rate)

Hotel room occupancy 4 persons per room (Max)	3 days and 7 Meals	2 days and 5 meals	1 day and 3 meals	Enter No. people	Total
Single Person	\$384.00 <input type="checkbox"/>	\$273.00 <input type="checkbox"/>	\$155.00 <input type="checkbox"/>	x _____ =	\$ _____
Additional Adult	\$129.00 <input type="checkbox"/>	\$103.00 <input type="checkbox"/>	\$70.00 <input type="checkbox"/>	x _____ =	\$ _____
Additional Child (4 to10)	\$72.00 <input type="checkbox"/>	\$57.00 <input type="checkbox"/>	\$36.00 <input type="checkbox"/>	x _____ =	\$ _____
Children Below 4	FREE	FREE	FREE		
				Total _____	\$ _____

Total Meal Package + Registration \$ _____

REGISTRANT DETAILS

	Last Name	First Name	Age of Child	More than 5 people? Use the back side of this form. Any dietary/medical note below
1				
2				
3				
4				
5				

Payment must be included with your registration. Method of payment: Check must be made payable to **FIBA**.

Mail Check and the registration forms to: **FIBA, P.O Box - 490355, Lawrenceville, GA 30049**

To register on-line go to FIBA website at <http://www.fibana.com> Pay with Credit/Debit cards

Emergency Contact: _____ Phone# _____

Registrants under 18 not accompanied by parents must indicate below the name of their guardian at the conference

Name of Guardian: _____ Relation: _____ Phone#: _____

Name of Parent: _____ Relation: _____ Phone#: _____