

**FATA Annual Conference Attendee Registration
Join us at the Four Seasons Resort – Palm Beach, FL**

View Points – June 11 – 13, 2012

Location: Four Seasons Resort – 2800 South Ocean Blvd. Palm Beach, FL 33480

Room Rate: \$169. Reservations: (561)582-2800 **Ask for FATA rate**

Hotel Reservation Deadline is May 18, 2012 to guarantee the special group rate.

Mail completed form to: FATA, 4685 Longbow Drive, Titusville, FL 32796 or FAX to 321-383-8619

register online www.fata.aero

Registrant's Name _____ Tel: _____
 Company Name _____ Fax: _____
 Mailing Address _____ E-mail _____
 City _____ State _____ Zip _____

Request for refunds due to cancellation must be received by May 18, 2012

Additional Attendees – Place a check mark in the box of those playing golf.

Register before April 1 and save!

	Before April 1, 2012	April 1, 2012 and later	Total
___ Member	\$369	\$399	\$ _____
___ Ea. Add'l Attendee	\$319	\$369	\$ _____
___ Non-Member	\$469*	\$499*	\$ _____
___ Ea. Add'l non-member	\$359	\$399	\$ _____
___ Guest or Spouse for social events only	\$100	\$125	\$ _____
___ One Day Registration	\$125	\$150	\$ _____
___ Golf (See Below)			\$ _____
		TOTAL DUE	\$ _____

Names of additional attendees. Place check mark for those playing golf.

*** Non-Member registration includes 6 month membership to FATA**

**Golf Tournament – Charity Tournament & Ball Drop to Benefit Starlight Children's Foundation
Monday, June 11, 2012**

Registration includes cart, all fees, Awards Luncheon (Raffle tickets for Ball Drop are \$20 ea. Contact FATA to buy tickets)

Location: Atlantis Golf Club – 301 Orange Tree Drive – Atlantis, FL 33462 |(561)966-7600

Individual Golfer \$125 Sign up a foursome and save. \$400 per Foursome

___ @ \$125 \$ _____

___ Foursome \$400

If names or golfers are different from those listed above, provide names below.

Contact FATA: paula@fata.aero or 321-383-9662

Method of Payment MasterCard VISA Check Make payable to FATA (We no longer accept AE)

Credit Card # _____ Exp. Date _____

Name on Card _____

Check if billing address is same registration. If not, provide billing address

Signature _____