



FLORIDA LEAGUE OF CITIES, INC.

ADMINISTRATORS OF THE
FLORIDA MUNICIPAL INSURANCE TRUST

REGISTRATION AND PAYMENT INFORMATION FLC SAFETY PDC * PRE-REGISTRATION IS REQUIRED TO ATTEND *

OCTOBER 18, 2010 through OCTOBER 22, 2010
City of Sunrise—CIVIC CENTER
10770 West Oakland Park Boulevard, Sunrise, FL 33351

1. CONTACT INFORMATION				Questions? Call 1-800-445-6248, Ext. 1734				
NAME OF PUBLIC ENTITY OR COMPANY								
ADDRESS						CITY	STATE	ZIP CODE
CONTACT PERSON								
EMAIL ADDRESS OF CONTACT PERSON								
PHONE								

2. PLEASE LIST SEPARATELY EACH PERSON'S NAME, DATE OF THE CLASS AND NAME OF CLASS, WHICH THEY WILL BE ATTENDING. PLEASE ATTACH A SEPARATE SHEET TO THIS FORM, IF MORE SPACE IS REQUIRED.

ATTENDEE NAME HERE ▼ **DATE ▼ AND CLASS NAME HERE ▼**

Name of Person attending	Date Offered and Class Name which they will attend:
ex. John Jones	ex. 10/18/10 Bloodborne Pathogens
John Jones	10/22/10 Hidden Costs/Accident Investigation
James Smith.....	10/20/10 Hot Work Permit
1) _____	1) Date _____ Class _____
2) _____	2) Date _____ Class _____
3) _____	3) Date _____ Class _____
4) _____	4) Date _____ Class _____
5) _____	5) Date _____ Class _____
6) _____	6) Date _____ Class _____
7) _____	7) Date _____ Class _____
8) _____	8) Date _____ Class _____
9) _____	9) Date _____ Class _____
10) _____	10) Date _____ Class _____

PRE-PAYMENT IS REQUIRED TO REGISTER

FMIT Members-FREE-for the week

FMASH members \$75 per person for the week

FLC members \$100 per person for the week

Other public entities \$150 per person for the week

Non-public entities \$300 per person for the week

Make Checks Payable to the: FLORIDA LEAGUE OF CITIES, INC.

▼ COMPLETE THIS PORTION IF PAYING BY CREDIT CARD ▼

AMOUNT TO BE CHARGED TO THIS CARD: \$ _____

CIRCLE ONE: **VISA** **MASTERCARD**

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

FOUR DIGIT SECURITY CODE (LISTED ON BACK OF CARD): _____

NAME AS IT APPEARS ON THE CREDIT CARD: _____

COMPLETE BILLING ADDRESS: _____

CARDHOLDER SIGNATURE: _____

NOTE: THE CHARGE ON YOUR CREDIT CARD STATEMENT WILL READ: FLORIDA LEAGUE OF CITIES

THIS FORM, IS INTENDED FOR WORK PREPARATION PURPOSES ONLY. NO LEGAL DEFINITE PROMISE. IF YOU ARE PROVIDING US WITH YOUR E-MAIL ADDRESS: UNDER FLORIDA LAW, E-MAIL ADDRESSES ARE PUBLIC RECORDS. IF YOU DO NOT WANT YOUR E-MAIL ADDRESS RELEASED IN RESPONSE TO A PUBLIC-RECORDS REQUEST, DO NOT SEND ELECTRONIC MAIL TO THIS ENTITY. INSTEAD, CONTACT US BY PHONE OR IN WRITING. ANY FORM OF REPRODUCTION, DISSEMINATION, COPYING, DISCLOSURE, MODIFICATION, DISTRIBUTION AND/OR PUBLICATION OF THIS FORM IS STRICTLY PROHIBITED. ANY FORM OF REPRODUCTION, DISSEMINATION, COPYING, DISCLOSURE, MODIFICATION, DISTRIBUTION AND/OR PUBLICATION OF THIS MEMBERSHIP APPLICATION IS STRICTLY PROHIBITED.

Please send Check or Credit Card Payment to:

**Florida League of Cities, Inc., P.O. Box 538135
Orlando, FL 32853-8135—Attention: Anita Wick**

Email: AWick@flcities.com Fax: 407-425-9378

Phone: 1-800-445-6248, Extension 1734 or 407-367-1734