

AFA Convention and Trade Market MEMBER Registration

Name/Shop: _____

Email Address: _____

Physical Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

NAME	EVENT ATTENDING				
	Fri Night Dinner \$50	Sat Design Show + Trade Fair \$25	Sat Night Banquet \$75	Sun Design Show + Trade Fair \$25	Full Registration \$150
1) _____	() _____	() _____	() _____	() _____	() _____
2) _____	() _____	() _____	() _____	() _____	() _____
3) _____	() _____	() _____	() _____	() _____	() _____
4) _____	() _____	() _____	() _____	() _____	() _____

You must be an AFA Member in good standing (dues paid) to register with this form.

Credit/Debit Card: _____ Exp Date: _____

Name on Card: _____ CVC Code: _____

Address for CC bill: _____

City/State/Zip: _____

Signature: _____ Date: _____

Mail, fax or email this completed form along with your payment to:
 Robert Robertson AIFD, CFD, AMF c/o Expressions Flowers 112 Towson Ave Fort Smith, AR 72901
 Phone: 479-783-3210 Fax: 479-783-6022 Email: Robert@ExpressionsFlowers.com