



**FLORIDA DISTRICT CONVENTION**  
**April 27, 2012 – April 29, 2012**  
**The Shores Resort**  
**2637 S. Atlantic Ave**  
**Daytona Beach Shores, FL 32118**

**A registration form must be submitted for each person registering. Make checks payable and mail to:**  
**Florida District, Pilot International**  
 Barbara McKenzie, Treasurer  
 606 Azalea Avenue  
 Fort Pierce, FL 34982

Registration must be postmarked by **April 13, 2012** to avoid a late fee of \$20.00. Registration fee refunds will be considered by the DEC in cases of illness or other unavoidable circumstances. Written requests giving reasons may be made to the District Treasurer within 5 days prior to the first day of District Convention. If a request is made after District Convention, refunds may be made at the discretion of the DEC only if received within 30 days of the close of the District Convention. An administrative fee of \$25.00 will be charged on all canceled registrations.

**Registration will open at 3:00 pm on Friday April 27, 2012.**

Enclosed is \$ \_\_\_\_\_ for the following:

\$ \_\_\_\_\_ **\$115.00** Full Registration Includes: Saturday Lunch, Banquet, Sunday Breakfast and Registration Materials

\$ \_\_\_\_\_ **\$105.00** Full Registration (**Anchors and PSH Residents ONLY**)  
 Includes: Saturday Lunch, Banquet, and Sunday Breakfast

\$ \_\_\_\_\_ **\$55.00** Partial Registration, includes Saturday Lunch and Registration Materials

\$ \_\_\_\_\_ **\$20.00** Late Fee applies to Full & Partial Registration postmarked after **April 13, 2012**

\$ \_\_\_\_\_ **\$50.00** Saturday Night Banquet Ticket

\$ \_\_\_\_\_ **\$21.00** Sunday Breakfast Ticket

**On-line Registration is available at: [www.pilotflorida.org](http://www.pilotflorida.org)**

Please check one: Pilot Co-Pilot Anchor PHSF Guest  Past Governor

**PLEASE PRINT OR TYPE**

NAME \_\_\_\_\_ Years in Pilot \_\_\_\_\_

ADDRESS \_\_\_\_\_

Phone Number \_\_\_\_\_ Pilot Club \_\_\_\_\_

**Email Address** \_\_\_\_\_ **(Required - Convention Documents will be emailed)**

**Delegate:** \_\_\_ Yes \_\_\_ No **First Time Attending District Convention:** \_\_\_ Yes \_\_\_ No

**Position in Club** \_\_\_\_\_ **Position in FL District** \_\_\_\_\_

Describe any Medical Dietary Restrictions: Diabetic Food Allergy

List Food Allergy: \_\_\_\_\_

Other: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:

\_\_\_\_\_