



*“Keys to Success:
Unlocking Gifted Students’ Potential”*
FLAG 2007 State Conference Registration Form
Deadline for pre-registration: **September 24, 2007**



Last Name		First Name	
Street		email	
City		State	Zip
Home Phone (area code first)	Work Phone (area code first)	Fax (area code first)	
School District/County		Circle All That Apply: Parent Teacher Administrator Other	
Check All That Apply	<p>October 12-13, 2007 9:00 a.m. – 6:45 p.m. Friday & 8:30 a.m. – 3:30 p.m. Saturday (Registration at 7:30 a.m. Friday & 7:30 a.m. Saturday) Hilton Tampa Airport Westshore 2225 North Lois Avenue, Tampa, Florida 33607-2355 Reservations (by 9/15) Tel: 1-813-877-6688</p>		
	I am a current FLAG member and am registering at the member price. (Your membership expiration date is on the mailing label of this flyer and other correspondence you receive from FLAG.)		
	I am a current FLAG member, but it is time to renew, so I am enclosing an additional \$30.00 for renewal to FLAG.		
	I am not a FLAG member, but I would like to join at this time, so I am enclosing an additional \$30.00 for membership in FLAG.		
	I am not a FLAG member and I am paying the non-member registration fee as detailed below.		
	\$10 discount for conference presenters. Please check here if your proposal was accepted.		
	2-Day Session Conference Package (Friday and Saturday) \$160.00 Non FLAG Member \$130.00 FLAG Member	<i>Includes: Friday Lunch, Friday Afternoon Wine & Cheese Social & Auction, and Saturday Awards Luncheon</i>	Enter \$ Amount Below \$ _____
	Friday Only Session \$125.00 Non FLAG Member \$95.00 FLAG Member	<i>Includes: Friday Lunch and Friday Afternoon Wine & Cheese Social & Auction</i>	Enter \$ Amount Below \$ _____
	Saturday Only Session \$95.00 Non FLAG Member \$65.00 FLAG Member	<i>Includes: Saturday Awards Luncheon</i>	Enter \$ Amount Below \$ _____
	Additional \$30.00 for dues of new or renewing members:		\$ _____
	<p>Make all checks payable to “FLAG” (Florida Association for the Gifted). Registration questions: Lauri Kirsch (813) 272-4460. Mail completed registration form and payment to: FLAG c/o Lauri Kirsch Hillsborough County Public Schools 901 East Kennedy Blvd. P.O. Box 3408 Tampa, FL 33601-3408</p>		Total Amount Enclosed \$ _____

*Refund requests must be made in writing to the address above and will be granted until October 1, 2007.
 After October 1, 2007 refund requests will be subject to a \$25.00 cancellation fee.
 Refunds will be issued after November 19, 2007.*