



FHEA 26TH SPRING MEETING REGISTRATION

The Hilton Pensacola Beach Gulf Front, Pensacola, Florida
May 6-7, 2010

May be completed on computer.

NAME _____ CHE? yes no
TITLE _____
FACILITY/COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FAX _____
EMAIL _____

REGISTRATION FEE:

FHEA Members (Active & Supporting) \$60.00
FHEA Certified Engineers (CHE) \$50.00
Non-members \$95.00
*Table-top (fee includes two exhibitors) \$295.00

**contact FHEA office to check for availability.*

Please make checks payable to: **FHEA**

Check for \$ _____
payable to **FHEA** is enclosed.

Please invoice me for \$ _____

Please contact me regarding sponsorship
opportunities.

(This registration fee includes
all program activities on Friday,
May 7, educational materials,
luncheon, and breaks.)

TABLE TOP EXHIBITORS: Please provide additional names of attendees here.
(Note: Table-top registration is for one or two individuals; additional representatives are \$95 each.)

Name, Title, City _____

Name, Title, City _____

A confirmation will be emailed.

Mail to:

Florida Healthcare Engineering Association
P.O. Box 150755
Altamonte Springs, FL 32715-0755

YOU MAY ALSO REGISTER AND PAY ONLINE AT
www.fhea.org (<http://www.fhea.org/calendar.html>)

Telephone: 407/332-7767
FAX: 407/830-1654