Registration Form
Security Traders Association of Florida
30th Annual Conference – February 19-21, 2010
The Palms Hotel & Spa, Miami Beach, Florida

Conference Registration - Deadline February 17th ♦ Hotel Reservation Deadline January 18th

Name:_____ Badge Name (if different) _____
Last First Middle Initial

Firm:_____ Address:_____

City:_____ State: _____ Zip:_____

Phone:_____Fax:_____email:_____

Registration and Activity Fees

___ STAF Member/Buy Side $ -0- $ -0-

___ STAF Member/Sell Side $200.00 $_____

___STA Member $250.00 *Affiliate* _____ $_____

___ Non-Member $275.00 $_____

___ Complimentary/*STA Officers, Governors, Affiliate Presidents* $ -0-

___ Spouse/Guest* $ 175.00 $_____

___ Golf: (Fri) *Miami Beach Golf Course* - $ 200.00 ____self ___ guest $_____

___ Waverunner Tours (Fri) ___ 1 hr/ $210 ___ 2 hr/ $400 ___ self ___ guest $_____

___ Kayak Rental (Fri) – single or double kayaks available ___ 1 hr/$40 ___ 2 hrs/$80 $ _____

___STAF Member Renewal $ 75.00 $ _____

___Charity Raffle - $20ea, 6/$100 (*Children of Fallen Patriots Fndn.)* #_____ $ _____

* Name of Spouse/Guest_____ **Total Fees: $_____**

I will attend: ____ Friday Banquet ____ Saturday Luncheon

____ Saturday Business Meeting ____ Saturday Reception

Method of Payment: **on line – Visa, MasterCard or American Express - *or* pay by check….**

____Visa _____MasterCard _____American Express

Card #:_____Exp. Date:_____

Signature:_____

Note: credit card payments will be processed by MfL Associates

_____ Enclosed is a check payable to **STAF** - Please mail to: STAF Convention Headquarters
6540 N. Kilbourn Avenue, Lincolnwood, IL 60712

Hotel Reservations – Deadline – January 18, 2010

Hotel will not accept reservations directly from individuals. This form must be completed in order to guarantee a room reservation, and must be accompanied by form of payment indicated below, and must be received by 1/18

Name: _____ Firm Name:_____

Address: _____City, State, Zip _____

Phone:_____ Fax:_____Email: _____

Arrival Date:_____ Departure Date:_____

Accommodations: _____Single /Double - $269.00 Share with: _____

Ocean Front Room_____$319 – Other Suite information available upon request - Please call (847) 673-2013 to inquire

All rates are subject to the current tax rate – 13%

Payment: **Mandatory** First night's deposit payable to: **The Palms Hotel & Spa**, or guarantee to credit card:

____ Visa ____ Master ____ American Express ____ Discover ____ Diners Club

Card #:_____ Exp:_____ Signature: _____

CANCELLATION POLICY: ROOM DEPOSITS ARE REFUNDABLE **ONLY** IF WRITTEN NOTICE OF CANCELLATION IS RECEIVED 72 HOURS PRIOR TO ARRIVAL. CANCELLATIONS MUST BE FAXED TO MFL ASSOCIATES, **NOT TO THE HOTEL.**

CANCELLATION OF CONFERENCE REGISTRATION MUST BE RECEIVED IN WRITING BY FEBRUARY 11th .

YOU MAY FAX ENTIRE FORM TO (847) 674-7366, OR MAIL WITH YOUR CHECK TO:

MFL ASSOCIATES, INC., 6540 NORTH KILBOURN AVENUE, LINCOLNWOOD, IL 60712

FOR INFORMATION CALL CONFERENCE HEADQUARTERS AT (847) 673-2013 OR EMAIL info@mflassociates.com