## Open Books Open Minds 2014 Florida Literacy Conference May 7-9, Pre-Conference Events May 6 Hilton Daytona Beach

Name	Title	9	
Street Address			
City, State, Zip			
Phone ()	FAX ()	E-mail	
I identify myself as (check one):	□ Adult Learner □ Business	s □ Corrections □ DOE □ Exhibitor □ Lit	orarian
	Program Manager/Coordin	ator 🗆 Teacher 🗆 Volunteer Tutor/Teacher	□Other
Florida Literacy Coalition Mer (Only <i>one</i> conference registrant member benefits.)		ay receive the registration discount. See <u>www.1</u>	loridaliteracy.org for
New or renewing membership Individual \$25 Organization (if annual budge		□ Organization (if annual budget is o	over \$200,000)   \$75
<b>Registration Prices:</b>			
Full Conference: Postmarked & Full Conference: On-site, after Full Conference: Adult Learner Wednesdav. May 7th Only. Adu	April 25: \$275Register on-site: \$95 (no fee for adult learners	s attending Wednesday, May 7th only)	ber \$265 \$ \$ \$
Pre-Conference Workshop, Ma	ay 6:		
□ Staying Healthy: He □ Dyslexia: Myths vs. § One Day Only:	Training: 1:00pm – 4:30pm: \$0 alth Literacy Curriculum, Resou	urces, and Statewide Grant Initiative: 1:00pm – t dyslexia?: 3:00pm-5:00 pm: \$0	5:00pm: \$0 \$
Presenter Registration Rate: \$	215 (I have been selected as a	presenter)	\$
Presenting Only: (no charge, \$ pay a registrat	0) By registering 'Presenting O	nly' I understand that I am not required to n any conference events including: opening rec	\$0_
Closing Ceremony Luncheon:	Friday, May 9. I will be atte Additional guests \$18.00 p	ending the luncheon and awards banquet. er person	□ Yes □ No \$
Would you like to apply and receive continuing education hours for your attendance?			🗆 Yes 🗅 No
Do you have any special access	ibility 🔄, dietary <i>(for example</i> ,	, vegetarian, kosher), or other needs:	🗆 Yes 🗖 No
If yes, please describe:			
My check is enclosed. Chec Please invoice my agency (p	k # urchase order or letter of appro	oval must be attached) PO#	I Enclosed: \$
MasterCard  UISA Credit C	ard #	Expiration Date/	

3 digit V Code(last 3 digits on ba	ack of card) Signature:
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Billing address:

Please make checks payable to "Florida Literacy Coalition" and mail to:

Florida Literacy Coalition, Inc., Attn: Registration • 250 N. Orange Ave., Suite 1110; Orlando, FL 32801 Fax: 407-246-7104