







## **REGISTRATION FORM**

One registrant per form
Registration fees are per person

Fall Conference October 23-24, 2025 Savannah, GA

Name:				Title:			
Company:							
Address:							
one: E-mail:							
14514DED TVD5				TOTAL	1		
MEMBER TYPE	by 9/30	10/1-10/16	10/17-onsite	TOTAL			
Converter/Supplier/Associate	\$999	\$1,099	\$1,199				
Operator/Distributor	\$599	\$699	\$799				
Spouse	\$119	\$119	\$119		* Open to qualified companies attending		
Potential Member*	\$0	\$0 RAND TOTAL A	\$0				
	G	RAND IOTAL A	LL COLUMNS		an FPI conference for the first time.  FPI approval required for processing.		
FFI approvarrequired for processing.							
ADDITIONAL SESSIONS - PLEASE INDICATE IF YOU ARE ATTENDING THE FOLLOWING:							
PRA/PRG Meeting Wednesday, October 22 (must be a member of the group to participate)							
ADDITIONAL INFORMATION:							
Spouse name (if registered):							
Emergency contact name and phone number: REQUIRED							
Please indicate any dietary restrictions:							
PAYMENT							
Note: October 16 is the cancellation deadline. Cancellations received by this date will be refunded without penalty.							
(Applies to golf cancellations as well, when applicable.) Cancellations after this date or no-shows are non-refundable.							
Check Payment: Mail to FPI, PO Box 726, Falls Church, VA 22046							
Credit Card Payment:	☐ American Express ☐ Visa ☐ Mastercard						
Card number:				Exp d	ate Security code		
Name on card:							
Billing address:							
(if different from above)							
Cardholder signature:							
<del></del>							
ACH Payment:	H Payment: Contact FPI for details						
Poturn form via scan/o mail to igoldman@fni ora OP fav (702) 502 0964							