

The Building Officials Association of Florida
56th Annual BOAF Educational Conference & Trade Expo
Naples Grande Resort & Club- Naples, FL • June 8th-12th, 2008

Companions Program Registration

You may complete the form below and return to the BOAF office, or you may register online. To register online simply visit www.boaf.net and follow the conference link on the home page.

Greetings to all BOAF Companions,

This year we are fortunate to be enjoying the Companions Program in beautiful Naples at the lush surroundings of the Naples Grande Resort, located on the white sandy beach of the Gulf. Naples is a tropical paradise that offers so much to enjoy, such as the arts, shopping, lush landscapes and of course the beach and the Resorts' beautiful spacious pool area and spa for fun and relaxation. It's a great conference location for members and companions to enjoy their free time.

Along with the delicious meals we will enjoy, we are planning a new party trend which is an educational program we entitled, "Stem-Glass" Research. Our speaker/demonstrator is the renowned expert on martini mixology, Carole McMahan. It will be as much fun as it sounds! Also in the planning stages will be a lunch cruise on the Naples Princess, which cruises Naples Bay area. Bus transportation will be provided. One boarding pass will be given to each registered participant in the Companion Program. If desired, additional passes can be purchased by Companions at the dock.

Please be a part of our Program. It is a great location for old and new friends to enjoy excellent food, conversation and fun. I hope to see you there!

Joyce Boyer
Palm Beach County

Section I: Basic Information *(Please type or print neatly)*

Name: _____ Name on Badge: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ E-Mail: _____

I will accompany (delegate's name): _____

Full Program (Admission for one: Breakfast, Stem glass research, luncheon cruise, & evening functions) \$100.00

Section II: Payment Information

Enclosed is a check *or* American Express MasterCard Visa

Credit Card #: _____ Exp. Date: _____

Name as it appears on card: _____ Last 3 Digit # in Signature Box: ___ _ _

Billing Address & Zip Code: _____

Make checks payable to BOAF and return to:
BOAF, 705-H West SR 434, Longwood, FL 32750
(407) 265-9009 Fax: (407) 831-9875

If you cancel your registration at least 5 business days prior to the conference, your registration fee will be refunded, but you will be charged a \$ 25.00 administrative fee. No refunds will be made for any cancellation that is made within 5 business days immediately preceding the conference.