

NAME:		NICKNAME FOR BADGE:
COMPANY:		TELEPHONE:
ADDRESS:		FAX:
CITY:	STATE:	ZIP:
E-MAIL:		

Complete the following: Check here if this is your first UUCF Convention

MEMBER: Contractor Associate Affiliate Executive Director
 Press Other _____ Chapter Affiliation _____

SPOUSE/GUEST REGISTRATION

NAME:	NICKNAME FOR BADGE:
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We would like to send a confirmation for your spouse/guest. Please provide home address and/or e-mail address:

ADDRESS:		
CITY:	STATE:	ZIP:
E-MAIL ADDRESS:		

REGISTRATION FEES:

REGISTRANT:	On or before July 2	On or after July 3	Amount Due
Each Registrant from Member Firm	\$295 x _____	\$350.00 x _____	\$ _____
Spouse/Guest	\$195 x _____	\$250.00 x _____	\$ _____
TOTAL REGISTRATION FEES ENCLOSED:			\$ _____

UUCF will be holding a Round Table Discussion on Friday, July 23, 2010 from 4:00 p.m. – 5:00 p.m. In order to provide ample seating, please register the following individuals for the Round Table Discussion:

NAME:	NAME:
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UUCF will be providing seven hours of continuing education seminars on Saturday, July 24, 2010 from 8:00 a.m. – 4:30 p.m. with a one and a half hour break for lunch. To date the courses have not been finalized. Please register the following individuals for the continuing education seminar(s).

NAME:	CONTRACTOR LICENSE #(s):
NAME:	CONTRACTOR LICENSE #(s):

Cancellation policy: A \$50.00 administrative fee will be charged for cancellations on or before July 2, 2010. On or after July 3, 2010, no refunds will be made for cancellations or no shows.

CREDIT CARD INFORMATION:

Please charge registration fees to the credit card indicated below:

VISA MASTERCARD AMERICAN EXPRESS

If charging your registration via credit card, please complete the credit card authorization form and return at the same time.

OFFICE USE:	Date Received: _____	Check #: _____	Amount: _____
	Confirmed: _____	Registration #: _____	

Underground Utility Contractors of Florida

Credit Card Authorization Form

I authorize the Underground Utility Contractors of Florida to charge

\$_____ to my credit card for

(Event(s))

Type of Credit Card:

_____ Visa _____ MasterCard _____ American Express

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Company Name on Card (if applicable): _____

Billing address for Credit Card: _____

City: _____ State: _____ ZIP: _____

(Authorized Signature)

(Date)

This form must be completed in its entirety and returned to the UUCF office with the convention registration form prior to processing your credit card request. The above information will be kept strictly confidential. Mail to:

UUCF/Registration
231 West Bay Avenue
Longwood, FL 32750-4125
Phone: (407) 830-1880 • FAX: (407) 260-1582