

Serving the Special Needs of Your Community



FLORIDA ASSOCIATION of SPECIAL DISTRICTS, INC.

CDO Program Registration Information

Last Name:	First Name:	Middle:	
Address 1:			
Address 2:			
City:	Phone:	Fax:	Zip:
E-mail:			

Agency Name:	
Position Title:	
Years in Position:	I Attended the last FASD Annual Conference: Yes / No

Upon Completion Please Fax [(850) 224-7704 or email to fcrawford@fasd.com

Or by US Mail to: FASD
2713 Blairstone Lane
Tallahassee, Florida 32301

If you prefer to pay by credit card call the FASD office at 855-469-3273 and give your credit card information. Do not mail, email or fax you credit card information.

Registration Fees:
Member - \$250.00
Nonmember - \$350.00

Make checks payable to FASD

FASD FEIN# 65-0332541

OFFICE USE ONLY: Received by: _____ Date: _____ Added to Data Base: