

**FLORIDA RETIRED EDUCATORS ASSOCIATION, INC.
LEADERSHIP WORKSHOP PRE-REGISTRATION**

District _____ Workshop: City _____

Date _____

The Registration Fee is: \$ _____

1. Those attending the workshop must pay the Registration Fee in advance, either individually or by Unit. Make checks payable to Local Unit.
2. Return completed Pre-Registration Form and ONE unit check to cover all registrations by due date of _____ to FREA District Director:

Name _____
 Address _____

3. Notify Director of any changes in the number of persons planning to attend prior to the workshop. THERE WILL BE NO REFUNDS AFTER _____.

UNIT PRESIDENT

KEEP THIS PAGE AND A COPY OF THE LIST OF PARTICIPANTS FOR REFERENCE