FPMA Legislative Days

AGENDA
Tuesday & Wednesday
MARCH 19-20, 2019
Tallahassee, Florida

TUESDAY – MARCH 19
3:00pm – 5:00pm
Update by Bob Fingar, FPMA General Counsel
Welcome FPMA Members

FPMA Office
1983 Centre Pointe Blvd. Suite 200
Tallahassee, Florida

TUESDAY – MARCH 19
5:00pm – 7:00pm
Welcome & Reception
Welcome FPMA Members
Reception with Cocktails & Appetizers
Remarks, Awards by Ned Bowman,
FPMA Executive Director
Craig Lynch, FPMA Chairman

Southern Strategy Group
123 S. Adams Street
Tallahassee, FL 32301

WEDNESDAY – MARCH 20
9:00am - 2:00pm
Legislative Meetings

Capitol Building
400 S Monroe St,
Tallahassee, FL 32399

Register TODAY — FEE to ATTEND is $25.00
RSVP to Joanna@fpma.org

Name__________________ Company__________________ Phone__________________
Email__________________ Address__________________

Mail check payment to:
FPMA
PO Box 13543
Tallahassee, FL 32317

If paying by credit card, please use attached CC authorization form or you may phone in your payment to Joanna at FPMA 850-877-5178

Please note, hotel room reservations are made on your own, at the hotel of your choice. FPMA does not have a designated room block established, however FPMA recommends the following Hotels:

• Aloft Downtown Tallahassee
  200 N Monroe St, Tallahassee, FL 32301
  Phone: (850) 513-0313

• Marriott Courtyard
  1018 Apalachee Parkway, Tallahassee, Florida 32301
  Phone: (850) 222-8822

• Four Points by Sheraton
  316 W Tennessee St, Tallahassee, FL 32301
  Phone: (850) 422-0071

• Hotel Duval
  415 N Monroe St, Tallahassee, FL Phone: (850) 224-6000
CREDIT CARD AUTHORIZATION FORM

FAX COMPLETED FORM TO: 850-222-2593 or email: joanna@fpma.org

If you cannot fax or email form, please call Joanna Wolff, FPMA Director of Operations/Events at 850-877-5178 to provide card information via telephone.

Name: ____________________________________________ Date: __________________

I irrevocably authorize my credit card to be used for (one-time) FPMA payment for the following (please circle one):

FPMAA “Legislative Days” Conference Registration Fee $25.00

Other: __________________________________________________________________________________________

Amount Authorized: __________________________________________________________

Card Holder Name: ____________________________________________________________

Please print name exactly as it appears on card

Credit Card Type: _____________________________________________________________

Credit Card #: _______________________________ Expiration Date: __________________

CVV Code: _________________________________

Billing Address: __________________________________________________________________

City, State, Zip: __________________________________________________________________

Signature: _______________________________________________________________________

Phone #: _______________________________________________________________________

Email Address: __________________________________________________________________

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