

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

• **Four Points by Sheraton**

316 W Tennessee St, Tallahassee, FL 32301
Phone: (850) 422-0071

• **Marriott Courtyard**

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

• **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:** _____

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City, State, Zip: _____

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Phone # _____

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