



Federation of State Massage Therapy Boards

FSMTB Annual Conference
October 12-14, 2007
Orlando – Florida

Delegate Registration Form

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Daytime Telephone Contact: _____

Delegate Representing (State): _____

FSMTB will arrange lodging and meeting accommodations.

Room Nights Requested: ___ Thurs Oct 11 ___ Fri Oct 12 ___ Sat Oct 13

Delegates may come early or stay later at their own expense, space permitting.

Sheraton Safari Hotel & Suites – www.sheratonsafari.com

(Room Rate \$109/night single or double)

Extra nights (at own expense): _____

Please Circle: King / Double Non-Smoking / Smoking

Special hotel/dietary accommodations: _____

Delegates should plan to arrive Thursday, October 11, 2007.

The Annual Meeting will begin 9:00 am Friday, October 12 and continue to noon on Sunday, October 14.

Submit this REGISTRATION FORM **before** September 7th, 2007

Via fax to 913.681.0391

OR

Via email to info@fsmtb.org

OR

Via mail to 7111 W. 151st Street, Suite 356, Overland Park, KS 66223

**This registration form will serve as your room reservation request.
Any requests after September 11 will not be covered by FSMTB.**

Phone: 800.70.FSMTB Fax: 913.681.0391
Email: info@fsmtb.org Website: www.fsmtb.org