**NAME**

**ADDRESS**

**CITY ZIP**

**PHONE**

**EMAIL ADDRESS**

**ALTERNATE EMAIL ADDRESS (IF ANY)**

**YEAR GRADUATED AS WOC NURSE**

**Annual Membership $ 20**

**Conference 2018 (early bird) $ 75**

**Conference 2018 (regular registration) $ 85**

**OR**

**Conference 2018 Non Member (early bird) $ 100**

**Conference 2018 Non member (regular reg.) $ 110**

**TOTAL ENCLOSED**

**MAIL CHECK PAYABLE TO F.A.E.T. Inc. to**

**Treasurer. F.A.E.T. Inc.**

**PO Box 184**

**1767 Lakewood Ranch Blvd**

**Bradenton Fl 34211**