

Please submit a separate form for each attendee - copy this form if needed.

Name: _____ Rank: _____

Address: _____

Department: _____ City/Town: _____ State: _____ Zip Code: _____

(If submitting a P.O. please attach it with this form)

	FCAM Members	Non-Members	#Participants	\$TOTAL
Three Day Rates	\$290 (1 participant)	\$300 (1 participant)	_____	_____
	\$250/pp (2-5 participants)	\$265/pp (2-5 participants)	_____	_____
	\$225/pp (5 or more)	\$250/pp (5 or more)	_____	_____
Single Day Rates	\$175 (1 participant)	\$185 (1 participant)	_____	_____
	\$160/pp (2-5 participants)	\$175/pp (2-5 participants)	_____	_____
	\$150/pp (5 or more)	\$160/pp (5 or more)	_____	_____
*FCAM retiree rate for Tuesday, February 26th only, admittance to all areas.		\$100/pp	_____	_____
*All day exceptional assistant, Tuesday February 26th only,		\$75/pp	_____	_____
*Purchasing members for the exhibit area only, no lunch.		\$20/pp	_____	_____
<small>Contact the Secretary fcamsec@comcast.net regarding special rates for Chief of Department approved purchasing committee members for one day access to the exhibit area only.</small>				TOTAL _____

Return this form with payment or municipal purchase order to:

FCAM
P.O. Box 1036
Westford, MA. 01886

Office 978-330-2700
or email: fcamsec@comcast.net
Federal Tax ID #04-2635753

FCAM also accepts PayPal payments, but there is an upcharge to you. If you need an invoice prior to payment we can provide one.