

**Florida Developmental Education Association**  
**What's next? Excelling through Waves of Change?**  
**October 31 - November 2, 2013**

**Hotel Accommodations**

This year's conference is being held at Miami Dade College, Wolfson Campus. The address of the campus is 300 NE 2 Avenue, Miami, FL 33132-2296. There are numerous hotels in the area from which you may choose. We are in the process of contracting with the hotels for special rates. Additional information will be placed on the website: [www.fdea.net](http://www.fdea.net).

**Conference Design and Purpose**

The Florida Developmental Education Association conference is designed to enhance the professional capabilities of developmental educators in post-secondary institutions. Since 1978, FDEA has prepared educators to better serve Florida students through the theory, delivery, and practice of developmental education, and through the design of programs to prepare effective developmental curricula.

**Registration Information**

Full Conference Registration includes all conference materials, general and concurrent sessions, continental breakfasts, snacks and a lunch on Friday. The daily registration fee includes conference materials, general and concurrent sessions and any refreshment breaks and meals for that day only.

Mail registration forms and payment to:

**Mrs. Michael Vensel**  
**Miami Dade College - Kendall Campus**  
**College Prep Department**  
**11011 SW 104 Street - Room 6319**  
**Miami, FL 33176**

Registration with credit card payments may be faxed to 305-237-0536 or e-mailed to [mvensel@mdc.edu](mailto:mvensel@mdc.edu).

**Registrations will continue to be accepted through Friday, October 18. After that date, attendees must register on-site, pending space availability.** For any registration questions please email Michael Vensel at [mvensel@mdc.edu](mailto:mvensel@mdc.edu) or 305-237-2286.

**Cancellation/Refund Policy:**

Full refunds will be given to any registrant who submits a letter of cancellation that is **received by Friday, September 27**. No refunds will be granted after that date and "no shows" will not be refunded; however, a substitute attendee is permitted. "No shows" registered by purchase order will be invoiced for applicable conference fees.

**Florida Developmental Education Association (FDEA)**  
**Fall 2013 Conference “What’s next? Excelling through Waves of Change?”**  
**REGISTRATION FORM**

*Please note - only one primary registrant per form (please duplicate this form as required).*

Name (Dr., Mr., Mrs., Ms.):			
Title/Position:			
Community College/Organization:			
Business Mailing Address:			
City:		State:	Zip:
Business Phone: (    )		Fax: (    )	
Email:			
Please indicate any dietary restrictions/special needs (Two week notice required):			
<input type="checkbox"/> Check here if you do not wish for your contact information to be shared with the conference vendors.			
<b>FULL CONFERENCE REGISTRATION</b>	<b>On or Before 10/10/13</b>	<b>After 10/10/13</b>	<b>TOTAL</b>
____ Member	\$90	\$110	
____ Non-Member	\$130 Includes Membership	\$150 Includes Membership	
____ Institutional Member	2013 Institutional Member Designee (1 per institution) \$0		
<b>DAILY REGISTRATION</b>	<b>MEMBERS</b>	<b>NON-MEMBERS</b>	
____ Friday	\$75	\$90	
____ Saturday	\$35	\$60	
<b>FDEA MEMBERSHIP FEES:</b> Dues are from November 1 - October 31 of each year.			
____ Faculty/Administrator/Staff	\$40		
____ Adjuncts/Retirees	\$25		
____ Full-time Graduate Students	\$15		
Would you like to serve as a session moderator? ____ Yes    ____ No		<b>TOTAL AMOUNT DUE: \$ _____</b>	
<b>PAYMENT INFORMATION</b>			
(    ) Institutional Purchase Order # _____			
(    ) Check/Money Order ( <b>payable to FDEA</b> ) EIN# 36-4660672			
Credit Card (please check one)			
(    ) Visa            (    ) MasterCard            (    ) American Express            (    ) Discover			
Credit Card Number: _____			
<b>Expiration Date:</b> _____		<b>Security Code:</b> _____	
Cardholder's Name (please print): _____		<b>Billing Zip Code:</b> _____	
Signature: _____		Date: _____	
<b>For Office Use Only</b>			
Check #:	Amount:	Date Received:    /    /	
Receipt #:	Credit Card Auth. #:	Initials:	