

# 2020-2021 Annual Membership Registration Invoice



FLORIDA  
PROFESSIONAL  
PRESENTERS  
CONSORTIUM

**Membership renewal due by July 1, 2020**

Renewing Membership \$250

New Membership \$250

Annual Membership for **July 1, 2020-June 30, 2021**  
includes up to three (3) representatives from the same  
presenting organization.

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Primary Theatre Name: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Representative Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Second Representative Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Third Representative Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Other contacts in your organization for email lists:

(Programming) Name: \_\_\_\_\_ Email: \_\_\_\_\_

(Marketing) Name: \_\_\_\_\_ Email: \_\_\_\_\_

(Production) Name: \_\_\_\_\_ Email: \_\_\_\_\_

(Education) Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Method of Payment:

CHECK - Please make payable to:

***Florida Professional  
Presenters Consortium***

CREDIT CARD-(Online Registration recommended if paying by CC)

Type: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp: \_\_\_\_\_ CVVCode: \_\_\_\_\_

Name on Card: \_\_\_\_\_ BillingZip: \_\_\_\_\_

Return this form  
with payment to:

**DUNCAN THEATRE**  
Attn: Mark Alexander  
4200 Congress Avenue MS#62  
Lake Worth, FL 33461  
Email: alexanmp@palmbeachstate.edu

Florida Professional Presenters Consortium is a  
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