



*Speaker Information for the*  
**11th North American  
FT MS Conference  
April 23 – 27, 2017**

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

Name of Affiliation: \_\_\_\_\_

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

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

Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name on Badge: \_\_\_\_\_

Your waived registration fee includes the Welcome Reception Sunday night; Breakfast, Lunch and Dinner on Monday; Breakfast on Tuesday; Breakfast, Lunch and Banquet Dinner on Wednesday.

Please tell us:

yes  no I plan on attending the Dinner on Monday

yes  no I plan on attending the Banquet Dinner on Wednesday

yes  no I plan on bringing my spouse

Please complete and return to Conference Coordinator at:

[ftms2017@magnet.fsu.edu](mailto:ftms2017@magnet.fsu.edu)