

50th PIAS ANNUAL CONVENTION REGISTRATION

JUNE 8 - 11, 2025

Signia by Hilton Hotel - Orlando, FL

Company: _____

Name: _____ Spouse/Guest: _____

Children Attending:

Name: _____ Name: _____

Name: _____ Name: _____

Second Registrant:

Name: _____ Spouse/Guest: _____

Children Attending:

Name: _____ Name: _____

Name: _____ Name: _____

Address: _____ City/ST/Zip: _____

Email: _____

PIAS Member Registration - \$950 Non-Member Registration - \$2000

Registration fees are payable in advance.

Return this form with your check for convention registration plus one night hotel room deposit payable to PIAS

The deadline for reservations is May 1, 2025

Room Rate Options:

We have a few Waldorf Suites available at the nightly rate of — \$419

(All Hilton Signia Rooms are filled. Contact Ed Chalifoux for hotel accommodations close to Convention site)

Registration fee includes:

- **Sunday night Chairman's Reception**
- **General Session breaks & materials**
- **Tuesday night reception & awards banquet for registrants and spouse/guest**

****Other guests and young people may attend the Tuesday night awards dinner at a special rate of \$200 a person.**

For children under 12 there is a chicken tender meal for a rate of \$100 a person.

Please indicate number of guests/young people attending in the appropriate space on the **Participation Form.**

***Registrations are non-refundable after May 22, 2025**

***All guaranteed room reservations must be cancelled 5 days prior to arrival or the first nights room and tax will be forfeited.**

Please fill out the following:

Arrival Date: _____ **Departure Date:** _____

Number of Rooms: _____

Special Request: _____

Check one: **Single** ☐ **Double** ☐

Check one: **Run of House Rate** ☐ **Disney View Rate** ☐

Waldorf Suite Rate ☐

If more than one room is being requested, please fill out:

Check one: **Single** ☐ **Double** ☐

Check one: **Run of House Rate** ☐ **Disney View Rate** ☐

Waldorf Suite Rate ☐

☐ **Check enclosed for \$_____ for registration and one night's room deposit for each room reserved.**
(also include the child's special rate for the Tuesday night dinner if applicable.)

☐ **PIAS Member — Bill me (To pay by credit card, please call the PIAS offices at (615) 366-1094)**

Please mail to: PIAS, 5200 Maryland Way, Suite 301, Brentwood, TN 37027 or

Fax to: (615) 360-9954 or Email to echalifoux@pias.org

50th PIAS ANNUAL CONVENTION PARTICIPATION FORM

JUNE 8 - 11, 2025

Signia by Hilton Hotel - Orlando, FL

Golf Scramble — Monday, June 9

Waldorf Astoria Golf Club

Name: _____ Hdcp _____ Name: _____ Hdcp _____

Name: _____ Hdcp _____ Name: _____ Hdcp _____

Golfers pay green & cart fees to the clubhouse on day of the scramble

COST: \$95.00

Please indicate the number of people attending the following:

****for a special rate of \$200, young people (over 12) and other guests may attend the Tuesday night Awards dinner**
For children under 12 there is a chicken tender meal for a rate of \$100 per child.

Sunday Night Chairman's Reception: Adults _____ Children _____

Tuesday Night Awards Reception & Dinner: Adults _____ Children _____
(men: coat & tie required)

****Convention attendees will receive special discounts towards Disney and the hotel Spa**
A link to purchase Disney tickets will be emailed to you once you register for Convention.

Registrants Name: _____

Company: _____

Please mail this form along with the Registration form to:
PIAS, 5200 Maryland Way, Suite 301, Brentwood, TN 37027

or Fax to: (615) 360-9954 or Email to echalifoux@pias.org