

National Active and Retired Federal Employees (NARFE)

FLORIDA EMPOWERMENT CONFERENCE

“EMBRACE, PROGRESS AND SUCCEED IN YOUR FEDERAL CAREER”

REGISTRATION

Date: Saturday, November 9, 2024

TIME: 9:00 A.M. – 5:30 P.M.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **E-Mail Address:** _____

NARFE Member: _____ **Member #:** _____

Chapter: _____ **District:** _____

***Group Registration: (minimum of 15) get FREE LUNCH**

Group Leader: Name: _____ **Email:** _____

Registration Fee: \$15 each member and/or guest

Please Register by October 15, 2024

Total Amount Enclosed: _____

***Payable by check or money order for total amount made out to: NARFE Florida, Inc.**

Please send the completed registration form and check to:

La-Nita Boston, NARFE Florida Treasurer

213 Blue Cypress Drive

Groveland, Florida 34736-8110

***Got Questions ??? SarDeborah Wright - (786) 488- 2004 – sardebrawright@gmail.com**

****Check us out on FACEBOOK at NARFE Florida Inc. - State**

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CHOOSE THREE (3) WORKSHOPS

- | | |
|--|--|
| <input type="checkbox"/> Medicare For All | <input type="checkbox"/> Postal Service Health Benefits Plan |
| <input type="checkbox"/> Death and Taxes | <input type="checkbox"/> Veterans Affairs and Benefits |
| <input type="checkbox"/> Debt Management | <input type="checkbox"/> Social Security & Extra Income |
| <input type="checkbox"/> Workplace Violations: Knowing My Rights | |
| <input type="checkbox"/> Managing a Workplace Injury | <input type="checkbox"/> Senior Fraud & Identity Theft |
| <input type="checkbox"/> Nutrition and Wellness | <input type="checkbox"/> Fall Prevention & Home Safety |
| <input type="checkbox"/> Caregiver Support & Resources | <input type="checkbox"/> Blue Cross/Blue Shield Medicare
Postal Service Health Plan |

Name: _____

Address: _____ **City:** _____ **State:** _____

Phone : _____ **Email :** _____

Chapter _____