

*Serving the Special Needs of Your Community*



**FLORIDA ASSOCIATION of SPECIAL DISTRICTS, INC.**

## CDO Program Registration Information

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Last Name:	First Name:	Middle:	
Address 1:			
Address 2:			
City:	Phone:	Fax:	Zip:
E-mail:			

Agency Name:	
Position Title:	
Years in Position:	I Attended the 2009 FASD Annual Conference: Yes / No

Upon Completion Please Fax to: (877) 526-4532

Or by US Mail to: FASD  
CDO Registration  
2713 Blairstone Lane  
Tallahassee, Florida 32301

OFFICE USE ONLY: Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Added to Data Base: