

2025 FLORIDA GEORGIA BISTATE STATE CONVENTION

JUNE 5-8, 2025 Sunseeker Resort, Charlotte Harbor
5500 Sunseeker Way, Charlotte Harbor, FL 33980



The 2025 Florida Georgia Bistate Convention will be held in beautiful Southwest Florida at the Sunseekers Resort in Charlotte Harbor FL

Registration for convention is \$225 or \$250 after May 6 2025
Rooms are \$219 per night plus daily resort fee of \$30.00 and taxes 12%
book rooms at fnaps.org or call the resort at 1-833-914-7300

- High speed internet access in guestrooms and public spaces
- Complimentary cold VERO filtered water (refillable stations throughout resort)
- Complimentary fitness center access for guests 18+
- Free yoga or spin classes * Priority spa & salon appointments at Lorelei
- Access to the 500,000 Gallon Reflections pool * Complimentary bicycle rental



The host branch events start with a bowling tournament at 7 PM Thursday night at Headpins Bowling Alley in Port Charlotte with prizes awarded. Friday business meeting with group lunch, Friday evening you are free to enjoy the resort or the many local attractions. Saturday business meeting with a group Banquet Saturday night.



The theme this year is the 80s.

Please send your branch registration and book rooms as soon as possible, as it is very difficult to plan these events if the registration information and funds are not available in a timely manner.

Room block and registration cutoff Tuesday May 6, 2025
After that date no guaranteed rooms and registration
becomes \$250 per delegate.

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Delegate/ Guest Registration

Fill out one registration form per delegate and send with registration fees to:

NAPS Branch 420
PO Box 61186,
Ft Myers, FL 33906-1186

Branch (Name & Number): _____

Delegate Name: _____ **Title** _____

Phone _____ **E-Mail:** _____

Guest Name: _____

Delegate Registration fee: Make payable to NAPS BR 420

Delegate: \$225 _____ After May 6 \$250

Guest options:

Friday Lunch _\$75_____

Sat Banquet Dinner \$125 _____

Total submitted: _____

Special Dietary Needs/Allergy? If Yes please explain: _____

***After May 6, 2025 – Delegate registration will be \$250.00**



2025 Bowling Registration Form



Headpins Bowling Alley

3192 Harbor Blvd, Port Charlotte, FL 33952

7 PM Thursday June 5, 2025

Cost: \$25.00 per person including all games and bowling shoes. Prizes will be awarded. Food and beverage not included but available.

Bowler Names: _____

Branch: _____

Email: _____

Phone No: _____

Mail Form and entry fee to:

NAPS Branch 420
PO Box 61186,
Ft Myers, FL 33906-1186

VENDOR REGISTRATION FORM

PLEASE PRINT

Company or Individual Name

Contact

Phone#

E-mail

Address

City

State

ZIP-+-4

Booth Space will be available: 30 Minutes before opening each day
Booth(s) can be manned Thursday 12 PM – 5:30 PM and Friday and Saturday from 7:30 AM to 5 PM
In addition to booths outside the meeting room, all vendors will have up to 10 minutes to introduce themselves and explain products and services they offer. Vendors will also have the opportunity to conduct prize drawings on the last day of the convention if desired.

Place an "X" on the appropriate line to indicate selection

___ 3-Day Package (Thursday-Saturday) \$250.00

___ 2-Day Package (Friday-Saturday) \$200.00

___ 1-Day Package (Friday or Saturday) \$135.00

Completed vendor registration form and fees are due no later than May 6, 2025

Cancellations must be received in writing no later than May 23, ²⁰²⁵

MAIL FORM AND PAYMENT TO:

NAPS Branch 420
PO Box 61186,
Ft Myers, FL 33906-1186

"HOLD HARMLESS CLAUSE"

The vendor assumes the entire responsibility for any losses, damages, and claims out of the vendor activities on the Hotel premises and will indemnify, defend and hold harmless NAPS and the Hotel, its agents, servants and employees from any and all such losses and claims. We do not guarantee how much money you make or how many will buy. The hotel or NAPS will not be responsible or liable for any loss, damage or claims arising from our vendor activity on the Hotel premises except for any claim, loss or damage arising directly from negligence. Storage space is not available for display materials and for show merchandise I agree to the terms and condition as outlined in this contract.

Signature _____ Date _____

SOUVENIR PROGRAM BOOKLET AD FORM

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ ZIP+4: _____

Contact Phone #: _____ Email: _____

AD PRICE NAPS	Check or MO	FIRST RIGHT OF REFUSAL
OUTSIDE BACK COVER	\$250	BCBS
INSIDE FRONT COVER	\$225	TPCU
INSIDE BACK COVER	\$225	CARLSON
FULL PAGE	\$175	
HALF PAGE	\$100	
QUARTER PAGE	\$50	
BUSINESS CARD	\$25	
TOTAL AMOUNT ENCLOSED: \$ _____		

PAYMENT: Make checks payable to: NAPS FL State Branch

Acceptable forms of payment: Check, Money Order

AD DEADLINE: ALL ADS WITH PAYMENT IN FULL ARE DUE NO LATER THAN May 6, 2025

Please enclose a camera-ready print out or preferred digital copy ad along with this registration form. If you do not have an ad design, provide the necessary information and we will design an ad for you. Please proofread your contents for accuracy; NAPS does not guarantee your ad spelling and content. Send electronic files via email to: naps911@flnaps.org

Send payment to the address below. Ad prints will not be returned will be destroyed after use.

Mail completed form & payment to:

FL STATE NAPS
3782 Lema Dr
Spring Hill FL 34609-3638

Questions, please contact Ken Ruckart, State Secretary Treasurer 727-243-1974 naps911@flnaps.org

22nd Annual SPAC Walkathon Pledge Sheet 6/7/25
NAPS FL/GA Bistate Convention – Sunseekers Resort
All Proceeds will go to SPAC



**Walk will be on Saturday, June 7, 2025 at
6:00am**

Register all delegates from your Branch!

Entry fee: \$20.00 per walker

**Make checks payable to SPAC for registration, or complete SPAC
Contribution form and pay using your credit card. You get credit for SPAC!**

Send in your registration or register at the Convention on Thursday

You will receive your t-shirt upon registration at the convention.

Mail form and entry fee to:
Patti Lynn
6411 NW 58th Street
Coral Springs FL 33077-2194

Name: _____ **Branch No.** _____
Address: _____
Phone No. _____

T-shirt Size:

Small _____ **Med.** _____ **Lg.** _____ **1XLg.** _____ **2X Lg.** _____ **3XLg.** _____ **4XLg.** _____

