

ATTENDEE REGISTRATION FORM ADIRONDACK REGIONAL CONFERENCE

Please return by March 4, 2010. On-site registration is available.

Join NYSTA NOW and take \$10 OFF this conference registration!

Name(s) _____

Firm/Organization _____

Address _____

City _____ State _____ Zip _____

County _____

Phone (_____) _____ Fax (_____) _____

Email _____

_____ NYSTA Members @ \$55/\$65 on-site = \$ _____

_____ AdkGCSA Members @ \$55/\$65 on-site = \$ _____

_____ Nonmembers @ \$65/\$75 on-site = \$ _____

New NYSTA member @ \$45 = \$ _____

(only one \$45 registration per new membership; dues payment must accompany this registration.)

Educator/Student (with valid ID, no lunch) No Charge

_____ Lunch for Educator/Student @ \$25 = \$ _____

TOTAL = \$ _____

2010 NYSTA MEMBERSHIP

Individual \$100 Student \$10 Retired \$25

Group \$260

List three (3) representatives for a group membership.

1. _____

2. _____

3. _____

Membership Total = \$ _____

Donation to Turfgrass Research = \$ _____

TOTAL PAYMENT ENCLOSED = \$ _____

PAYMENT OPTIONS

Federal ID #22-2233502

Phone - Credit card only (518) 783-1229

Mail - Credit card, check, money order, purchase order, or voucher
NYSTA, PO Box 612, Latham, New York 12110

Fax - Credit card, purchase order, or voucher (518) 783-1258

Charge my: VISA MasterCard American Express

Card Number: _____ Exp. Date _____

Billing Address: _____ CIN #: _____

Signature _____

Make checks payable to New York State Turfgrass Association

Refund Policy - Cancellations received prior to March 4 will be assessed a \$20 cancellation fee. Refunds will not be issued after March 4 or for no-shows.