

ATTENDEE REGISTRATION FORM SOUTHEAST REGIONAL CONFERENCE

Please return by February 16, 2010. On-site registration is available.

Please check associations that you are a member of:

New York State Turfgrass Association

Members of the following associations are entitled to member rates:

The Professional Landscape Association of Rockland County Hudson Valley GCSA

New York State Turf and Landscape Association New York State Association of Cemeteries

(Please check the box next to the names of those who wish to attend the Tuesday seminar.)

Name(s) _____ Tuesday Seminar

_____ Tuesday Seminar

_____ Tuesday Seminar

Firm/Organization _____

Address _____

City _____ State _____ Zip _____

County _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

MEMBERS (Employees of members may register at member rate.)

_____ (Tues. Only) Members @ \$75/\$95 on-site = \$ _____

_____ (Wed. Only) Members @ \$95/\$115 on-site = \$ _____

_____ 2-Day Combo Members @ \$150/\$170 on-site = \$ _____

NONMEMBERS

_____ (Tues. Only) Nonmembers @ \$100/\$120 on-site = \$ _____

_____ (Wed. Only) Nonmembers @ \$195/\$215 on-site = \$ _____

_____ 2-Day Combo Nonmembers @ \$250/\$270 on-site = \$ _____

FIRST TIME NYSTA MEMBER DISCOUNT (Not available for renewals. Save up to \$45)

_____ (Tues. Only) Membership & Conference @ \$130/\$150 on-site = \$ _____

_____ (Wed. Only) Membership & Conference @ \$150/\$170 on-site = \$ _____

_____ 2-Day Combo Membership & Conference @ \$230/\$250 on-site = \$ _____

_____ Students/Educators/Extension @ \$40 = \$ _____

TOTAL = \$ _____

2010 NYSTA MEMBERSHIP

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

Group \$260 List three (3) representatives for group memberships.

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 _____

Signature _____ CIN #: _____

Billing Address: _____

Make checks payable to New York State Turfgrass Association

Refund Policy - Cancellations received prior to February 17 will be assessed a \$20 cancellation fee. Refunds will not be issued after February 17 or for no-shows.