

ATTENDEE REGISTRATION FORM WESTERN REGIONAL CONFERENCE

Please return by February 22, 2010. On-site registration is available.

Name(s) _____

Firm/Organization _____

Address _____

City _____ State _____ Zip _____

County _____

Phone (_____) _____ Fax (_____) _____

Email _____

NYSTA Member @ \$75/\$95 on-site = \$ _____

_____ Additional member from same place
of business @ \$55/\$75 on-site = \$ _____

_____ Nonmembers @ \$110/\$130 on-site = \$ _____

_____ Student/Educator/Extension @ \$35 = \$ _____

_____ New NYSTA members @ \$50 = \$ _____
(dues payment must accompany
conference registration)

TOTAL = \$ _____

2010 NYSTA MEMBERSHIP

Individual \$100.00 Student \$10.00 Retired \$25.00

Group \$260.00

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 23 will be assessed a \$20 cancellation fee. Refunds will not be issued after February 23 or for no-shows.