

REGISTRATION FORM

Return this form with payment to:

American Seed Trade Association

1701 Duke Street, Suite 275

Alexandria, VA 22314

(E): jcrouse@amseed.org

(F): (703) 837-9365 - Attn: Jennifer Crouse

(Please print clearly and make sure the information is correct, as it will be used in the attendee roster and final mailings.)



COMPANY INFORMATION

Membership: ☐ ASTA ☐ OSA ☐ Non-Member

Company: _____

Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: (____) _____ Fax: (____) _____

Email: _____

Person completing form: _____

DELEGATE REGISTRATIONS

Name _____ Title _____

Address (if different from above) _____

Phone _____ Fax _____ Email _____

Please also register my: Spouse/Guest* _____ (personal guests only)

(see fees on next page) Adult Child(ren) _____ / _____ Age (14+) _____ / _____

Youth(s) _____ / _____ Age (3-13 only) _____ / _____

☐ Omit Email From Distribution

☐ Omit All Contact Information From Distribution

☐ Check here if you want to remove the above guest or youth names from the attendee roster.

Name _____ Title _____

Address (if different from above) _____

Phone _____ Fax _____ Email _____

Please also register my: Spouse/Guest* _____ (personal guests only)

(see fees on next page) Adult Child(ren) _____ / _____ Age (14+) _____ / _____

Youth(s) _____ / _____ Age (3-13 only) _____ / _____

☐ Omit Email From Distribution

☐ Omit All Contact Information From Distribution

☐ Check here if you want to remove the above guest or youth names from the attendee roster.

**A "Guest" is defined as an accompanying person who is not employed in or professionally involved in the seed industry.*

SPORTING EVENTS

Gary Arthur Memorial 5K Fun Run/Walk, \$25: Sunday, June 19, 2016, 7:00 a.m. - 9:00 a.m.

Name _____

Name _____

Name _____

Name _____

Golf Tournament, \$130 (Golf club rental not included in costs & Lunch will be provided): Sunday, June 19, 2016 8:00 am-2:00 pm

Name _____ Handicap _____ Rental? ☐ YES ☐ NO Right ☐ Left ☐ Transportation ☐ YES ☐ NO

Name _____ Handicap _____ Rental? ☐ YES ☐ NO Right ☐ Left ☐ Transportation ☐ YES ☐ NO

REGISTER EARLY! EARLY REGISTRATION ENDS MAY 26, 2016

FEE SUMMARY

The member rate applies to all members of the American Seed Trade Association, Oregon Seed Association, and members of state and regional seed associations.

REGISTRATION TIERS	EARLY May 26 or Prior	REGULAR May 27–June 16
Member/Public Sector	\$449	\$549
Member Guest	\$259	\$299
Member Adult Child	\$209	\$249
Member Youth	\$129	\$179
Delegate with First – the Seed Foundation Donation	\$549	\$649
One-Day Registration	\$250	\$250
Non-Member	\$649	\$749
Non-Member Guest	\$459	\$499
Non-Member Adult Child	\$409	\$459
Non-Member Youth	\$329	\$379
Non Member Delegate with First – the Seed Foundation Donation	\$749	\$849
OSA Field Tour	\$30	\$30
5K Fun Run/Walk	\$25	\$25
Golf	\$130	\$130
Portland Rose Festival and Foodie Tour	\$110	\$110
Multnomah Falls	\$70	\$70

Fee	# of Registrants	X	Rate	Total
Member/Public Sector		X		
Member Guest		X		
Member Adult Child		X		
Member Youth**		X		
Delegate with First – the Seed Foundation Donation		X		
One Day Registration		X		
Non-Member		X		
Non-Member Guest		X		
Non-Member Adult Child		X		
Non-Member Youth**		X		
Non Member Delegate with First – the Seed Foundation Donation		X		
OSA Field Tour (6/18)		X	\$30	
5K Fun Run/Walk (6/19)		X	\$25	
Golf (6/19)		X	\$130	
Portland Rose Gardens and Foodie Tour (6/20)		X	\$110	
Multnomah Falls (6/21)		X	\$70	

TOTAL

* Price subject to change; if price changes, registrants will be notified and may opt out. ** Youth: ages 3-13; Adult Child: ages 14 and above

Special Arrangements (ADA): Please describe any special needs, allergies or dietary restrictions for which you or your attending family members will require special attention.

Emergency Contact:

CANCELLATION POLICY

Cancellations must be in writing and received in the ASTA office by May 26, 2016, for a refund (less a \$75 administrative fee for member delegates or a \$25 fee for member guests, \$100 for non-member delegates and \$50 for non-member guests).

METHOD OF PAYMENT

☐ Check Enclosed (made payable to ASTA in U.S. funds only) Credit Card: ☐ Visa ☐ Mastercard ☐ American Express

CC Number _____ Exp. Date _____ Date _____

Print Name _____ CVC Code _____

Signature _____

See the top front of this form for submission instructions. Individual ticket sales will be available on site for the welcome reception, opening general session, optional tours and gala banquet.