

Company Information

Person Completing Form _____

Contact Phone _____ Contact Email _____

Check here if company information is on file from previous year, otherwise please fill out the following:

Company _____ Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email _____

Fax _____ Company URL _____

Skyway/Conference Suites

Fees: Skyway Suite: \$1,100, Monday through Friday, Dec. 5-9, 2016

Skyway Suite Number(s) being requested: _____

OR

Conference Suite: \$400 per day or \$1,100 for three or more days

Meeting Room Name(s) being requested: _____

Date/Times Requested:

Monday, Dec. 5, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Tuesday, Dec. 6, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Wednesday, Dec. 7, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Thursday, Dec. 8, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Friday, Dec. 9, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

TOTAL DUE: _____

Columbus Hall Expo Meeting Suites

Fees: Hourly: \$100/Member, \$200/Non-member **Daily:** \$350/Member, \$700/Non-member

Full Conference: \$1,000/Member, \$2,000/Non-member

Suite number requested: _____

Check here if you would like to reserve the suite for the FULL conference (Monday-Thursday)

Hourly Requests (fill in hours below):

Monday, Dec. 5, 2016, hours: Noon End Time: _____ a.m./p.m.

Tuesday, Dec. 6, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Wednesday, Dec. 7, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Thursday, Dec. 8, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

TOTAL DUE: _____

Daily Requests-check which day(s):

Monday, Dec. 5, 2016

Tuesday, Dec. 6, 2016

Wednesday, Dec. 7, 2016

Thursday, Dec. 8, 2016

Expo Meeting Suites

Fees: Hourly: \$50/Member, \$200/Non-member **Daily:** \$250/Member, \$700/Non-member

Full Conference: \$600/Member, \$1,200/Non-member

Suite number requested: _____

Check here if you would like to reserve the suite for the FULL conference (Tuesday-Thursday)

Hourly Requests (fill in hours below):

Tuesday, Dec. 6, 2016, hours: 2:30 p.m. – 6:00 p.m. only

Wednesday, Dec. 7, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Thursday, Dec. 8, 2016, hours: Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

Daily Requests-check which day(s):

Wednesday, Dec. 7, 2016

Thursday, Dec. 8, 2016

TOTAL DUE: _____

Cancellation Policy

Once reserved, cancellation of this Expo Meeting Suite reservation must be made in writing and a refund will be issued less a 25% cancellation fee. Cancellations made after Nov. 15, 2016 will not be eligible for a refund. All refunds will be issued after the conclusion of the convention.

Method Of Payment

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

CC Number: _____ Exp. Date: _____ CVC Code: _____

Print Name: _____ Signature: _____

Signature

I hereby certify that I have read and agree to the terms and conditions of this contract:

Print Name: _____ Signature: _____ Date: _____

Mail or fax this form with payment to: American Seed Trade Association 1701 Duke Street, Suite 275 Alexandria, VA 22314

Phone: (888) 890-7333 or (703) 837-814 0 • **Fax:** (703) 837-9365