

REGISTRATION FORM



Return this form with payment to:

American Seed Trade Association
1701 Duke Street, Suite 275
Alexandria, VA 22314

(E): jcrouse@betterseed.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

Company _____
Street _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____ Phone _____ Fax _____
Email _____
Person completing form _____

DELEGATE/FAMILY GUEST REGISTRATION

Name _____ Title _____
Address (if different from above) _____
Phone _____ Fax _____ Email _____
Please also register my: Spouse/Family Guest* _____ (personal guests only)
(see fees on next page) 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.

EMERGING LEADER REGISTRATION

New this year, each registered delegate is invited and encouraged to nominate someone from your company as an Emerging Leader for ASTA's new Leadership Development program. Emerging Leaders will be able to register at a \$200 discount and attend all sessions and events at the conference. Emerging Leaders must be nominated by a registered delegate.

I nominate (Name) _____ Title _____
Address (if different from above) _____
Phone _____ Fax _____ Email _____
Family guest(s) attending? Spouse/Family Guest* _____ (personal guests only)
(see fees on next page) 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.

SPECIAL EVENTS

Gary Arthur Memorial 5K Fun Run/Walk – \$25 per person (Sun. June 10, 7:00am–9:00am)

Name _____ Name _____

Optional Tour: Monuments by Moonlight – \$59 per person (Sat. June 9, 8:00am–10:00pm)

Name _____ Name _____

Optional Tour: "How Spouses Shape Diplomacy" Embassy Row/Historical Homes Tour – \$62 per person (Mon. June 11, 10:30am–1:00pm)

Name _____ Name _____

STORM THE HILL DAY

"Storm the Hill" Day offers you a completely guided and personalized opportunity to join hundreds of your fellow seed industry professionals to advocate for the concerns of the seed industry with lawmakers on Capitol Hill. Participation is complimentary and includes a briefing session and luncheon on June 12.

I plan to Make My Voice Heard by participating in the Storm the Hill events on June 12 and 13 (free)

For purposes of identifying your Congressional district, please indicate your: Business zip code: _____ Home zip code: _____

CANCELLATION POLICY

Cancellations must be in writing and received in the ASTA office by May 9, 2018, 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).

FEE SUMMARY

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

	EARLY MAY 9 OR PRIOR	REGULAR MAY 10 – JUNE 13	# OF PEOPLE	X	RATE	TOTAL
MEMBER/PUBLIC SECTOR RATES						
Full Delegate	\$449	\$549	_____	X	_____	_____
Spouse/Family Guest	\$259	\$299	_____	X	_____	_____
Youth (age 13 and under)	\$129	\$179	_____	X	_____	_____
Emerging Leader	\$250	\$299	_____	X	_____	_____
NON-MEMBER RATES						
Full Delegate	\$849	\$949	_____	X	_____	_____
Spouse/Family Guest	\$459	\$499	_____	X	_____	_____
Youth (age 13 and under)	\$329	\$379	_____	X	_____	_____
Emerging Leader Two-Day Registration	\$350	\$350	_____	X	_____	_____
SPECIAL EVENTS RATES						
5k Fun Run/Walk	\$25	\$25	_____	X	_____	_____
Monuments by Moonlight Tour	\$59	\$59	_____	X	_____	_____
How Spouses Shape Diplomacy Tour	\$82	\$82	_____	X	_____	_____
TOTAL						_____

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 _____

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 _____

See the top front of this form for submission instructions. Individual ticket sales will be available on-site for the 5K Fun Run, the Welcome Reception, tours and the Gala Banquet.