

# REGISTRATION FORM

## DENVER • JUNE 15-19, 2019

**Return this form with payment to:**

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

(E): [jcrouse@betterseed.org](mailto: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 (\$449 member/\$849 non-member)

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)  I consent to having my contact information included in the ASTA Attendee List, for use by ASTA for data analysis of participation, to be shared with other registrants for networking purposes and for exhibitors to send promotional emails.

### EMERGING LEADER REGISTRATION (\$250 member/\$350 non-member)

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) Year You Entered the Seed Industry \_\_\_\_\_  
 I consent to having my contact information included in the ASTA Attendee List, for use by ASTA for data analysis on participation, to be shared with other registrants for networking purposes and for exhibitors to send promotional emails.

### SPECIAL ACCOMMODATIONS:

Please indicate whether you require special assistance in order to participate fully in conference activities. Please include and describe any physical accommodation, allergies, dietary needs, etc: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### CANCELLATION POLICY

Cancellations must be in writing and received in the ASTA office by May 23, 2019, 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).

## SPECIAL EVENTS

**Baseball Game and Happy Hour on the Coors Field Roof Deck** (includes a \$15 concession credit and game ticket)  
**\$79 per person:** Saturday, June 15 • 5:00pm - 10:00pm

Name \_\_\_\_\_

Name \_\_\_\_\_

**Tour of ASTA Member Companies: Applewood Seed and Westrup, Inc.**

**Free:** Sunday, June 16 • 10:00am - 1:00pm

Name \_\_\_\_\_

Name \_\_\_\_\_

**Optional Spouse/Family Tour: Afternoon Tea at the Brown Palace**

**\$125 per person:** Sunday, June 16 • 1:30pm - 3:30pm

Name \_\_\_\_\_

Name \_\_\_\_\_

**Denver Botanical Gardens/Red Rocks Tour**

**\$65 per person:** Monday, June 17 • 10:15am - 1:15pm

Name \_\_\_\_\_

Name \_\_\_\_\_

**Tour of National Laboratory for Genetic Resources Preservation (NLGRP), Ft. Collins**

**\$25 per person:** Tuesday, June 18 • 10:00am - 3:30pm

Name \_\_\_\_\_

Name \_\_\_\_\_

	EARLY MAY 23 OR PRIOR	REGULAR MAY 24 – JUNE 19	# OF PEOPLE	X	RATE	TOTAL
<b>MEMBER/PUBLIC SECTOR RATES</b>						
Full Delegate	\$449	\$549	_____	X	_____	_____
Spouse/Family Guest	\$259	\$299	_____	X	_____	_____
Emerging Leader	\$250	\$299	_____	X	_____	_____
<b>NON-MEMBER RATES</b>						
Full Delegate	\$849	\$949	_____	X	_____	_____
Spouse/Family Guest	\$459	\$499	_____	X	_____	_____
Emerging Leader Registration	\$350	\$399	_____	X	_____	_____
<b>SPECIAL EVENTS RATES</b>						
Baseball Game and Happy Hour	\$79	\$79	_____	X	_____	_____
Tour of ASTA Member Companies	Free	Free	_____	X	_____	_____
Optional Spouse/Family Tour	\$125	\$125	_____	X	_____	_____
Denver Botanical Gardens/Red Rocks Tour	\$65	\$65	_____	X	_____	_____
Tour of National Laboratory	\$25	\$25	_____	X	_____	_____
<b>TOTAL</b>						_____

## 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.