Instructions

Person Completing Form

CSS 2014 SEED EXPO

List the names of registrant(s) and addresses only if different than your address.

Check the box if you wish to omit the email addressees in the Attendee Roster. Please list Spouse/Guest name ONLY if he/she will be attending and registering. Spouses or guests who work the seed industry must pay the delegate price. For additional registrants, please photocopy this page as needed.

69th Corn & Sorghum Seed Conference • 44th Soybean Seed Conference • Seed Expo 2014 Hyatt Regency Chicago • Dec. 8 - 12, 2014 • Chicago, III.

Company					
Address					
City			State	e	Zip
Phone	Fax	Email			
Registrants					
Name		Title			
Address					
City			State	Zip	
Phone	Fax	Email			
Spouse/guest					
Omit email?	Omit all contact inform	ation from the attendee ro	ster		
First time attendee?	Yes No				
Name		Title			
		Email			
Spouse/guest					
Omit email?	Omit all contact inform	ation from the attendee ro	ster		
First time attendee?	Yes No				
Name		Title			
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			State	Zip	
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First time attendee?					
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Special Accommodations (ADA)Please notify the ASTA office at least two weeks in advance if you have special needs or require special arrangements to participate in the convention.

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	d Expo 2014. 🗖 Information o	Early registration ends on Nov. 14, 2014. Registration forms must be in the ASTA office on or before this date to receive			
Please send conference reg	-	_	early pricing		
Name					
Email					
Fee Summary					
Early Registration Fee (must be					
	or			X =	
				X =	
	egistration			X =	
	ay Registration			X =	
	est/Guest		_	X =	
			_	X = X =	
	ccess to exhibits on all days)			X =	
Late Registration Fee	ccoss to extlibits off all adys,	φ100	porrogistrarii	<u> </u>	
_	or	\$350) per registrant	X =	
		·		X =	
	est	·		X =	
Non-Member Spouse	/Guest	\$100) per registrant	X =	
			_	X =	
Expo Pass (includes a	ccess to exhibits on all days)	\$100	per registrant	X =	
				Total Due:	
Method of Paymen	it				
Check Enclosed (made pa		□ Visa □	MasterCard	■ American Express	
	,				
Number			Exp. Date	CVC code	
					
Signature					
Signature Print Name					
	n payment to: Cotion Cotlexandria, VA 22314 N 837-8140		eceived in writing nd (less a \$75 adn members). Refun	g in the ASTA office by ninistrative fee for	
Mail, email or fax the form with American Seed Trade Associa 1701 Duke Street, Suite 275 • A Phone: (888) 890-7333 or (703)	n payment to: tion Clexandria, VA 22314) 837-8140 fo@amseed.org	Cancellation Policy: Cancellations must be rov. 14, 2014 for a refurnembers, \$125 for non-ntil after the conference	eceived in writing and (less a \$75 adn members). Refunce.	g in the ASTA office by ninistrative fee for ds will not be returned	