



REGISTRATION FORM

SAVE TIME! Register Online:

<http://tinyurl.com/vegflo15>

COMPANY INFORMATION

Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Name of person completing this form: _____

Phone: _____

Email: _____

DELEGATE REGISTRATION

List the name of the registrant. For additional registrants, please photocopy this page as needed.

Full Name: _____

Title: _____

Address: _____
(If different than above)

City: _____

State: _____ Zip Code: _____

Spouse/Guest: _____

(If attending and registering)

Phone: _____

Email: _____

First time attendee? ☐ Yes ☐ No

☐ Omit email?

☐ Omit all contact information from the attendee roster

REGISTRATION FEES

Members/Public Sector \$275 per registrant X _____ = _____

Non-Members \$650 per registrant X _____ = _____

Member Spouse/Guest \$100 per registrant X _____ = _____

Non-Member Spouse/Guest \$150 per registrant X _____ = _____

After Dec. 22, registration fees will increase by \$75.

METHOD OF PAYMENT

☐ Check Enclosed (made payable to ASTA in USD)

Credit Card: ☐ Visa ☐ Mastercard ☐ American Express

CC Number: _____

Exp. Date: _____ CVC Code: _____

Print Name: _____

Signature: _____

CANCELLATION POLICY

Cancellations must be received in writing in the ASTA office by Dec. 22, 2014 for a refund (less a \$50 administration fee for members, \$75 fee for non-members, \$15 for spouses/guests). Refunds will not be issued prior to the conference.

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) 837-8140

Fax: (703) 837-9365