



SAVE TIME—REGISTER ONLINE! WWW.AMSEED.ORG

Return this form and payment by mail or fax to:

American Seed Trade Association
 225 Reinekers Lane, Suite 650 • Alexandria, VA 22314-2875
 Fax: 703-837-9365 Attn: Hiranthie Stanford

Please print clearly. The information below will be used in the Attendee Roster at the conference and for future mailings. Please ensure the information you provide is correct.

Please indicate if you do not wish for your email address to be published in the Attendee Roster using the check boxes next to the email field below.

HYATT REGENCY SCOTTSDALE RESORT
 AND SPA AT GAINEY RANCH

A. Company Information

Pre-Registration ends May 31, 2009

MEMBERSHIP: (Please check one) Member Non-member Public Sector

Company: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Person completing form: _____

Telephone: _____ Fax: _____ Email: _____

B. Delegate Registration

(Check box to omit email address from Attendee Roster.)

Name: _____ Email: _____

1 Address (if different from above): _____

Phone: _____ Fax: _____

Spouse/Guest*: _____ Youth Name(s) and Age: _____

Name: _____ Email: _____

2 Address (if different from above): _____

Phone: _____ Fax: _____

Spouse/Guest*: _____ Youth Name(s) and Age: _____

Name: _____ Email: _____

3 Address (if different from above): _____

Phone: _____ Fax: _____

Spouse/Guest*: _____ Youth Name(s) and Age: _____

Name: _____ Email: _____

4 Address (if different from above): _____

Phone: _____ Fax: _____

Spouse/Guest*: _____ Youth Name(s) and Age: _____

Check here if you want to remove the above spouse/guest or youth names from the Attendee Roster:

*A Spouse/Guest is defined as an accompanying person who is not employed in nor professionally involved with the seed industry.

Pre-Registration ends May 31, 2009

C. Sport Events

Golf Tournament: \$145.00

(The cost of golf club rental is not included.)

Right/Left-Handed?

Name: _____ Handicap: _____ Club Rental?: Y / N Right / Left
 Name: _____ Handicap: _____ Club Rental?: Y / N Right / Left
 Name: _____ Handicap: _____ Club Rental?: Y / N Right / Left

5K Fun Run: \$25.00

Name: _____ Age: _____ Name: _____ Age: _____
 Name: _____ Age: _____ Name: _____ Age: _____

Pre-Registration ends May 31, 2009

Registration forms must be received in the ASTA office by this date. After this date, you must register onsite.

Cancellation Policy:

Cancellations must be in writing and received in the ASTA office by May 31, 2009 for a refund (less a \$75.00 administrative fee for member delegates or a \$25 fee for member spouses and youths, \$100 for non-member delegates and \$50 for non-member spouses and youths).



Special Arrangements (ADA):

Please describe here any special needs, allergies or dietary restrictions for which you or your attending family members require special attention:

D. Fee Summary

	<u>Registration Tiers</u>		<u>Fee Totals</u>	<u># of Registrants</u>	<u>x Rate</u>	<u>=</u>	<u>Total</u>
	<u>Early:</u> <u>On or Before</u> <u>May 31</u>	<u>Regular:</u> <u>June 1 -</u> <u>June 19</u>					
Member/Public Sector	\$449	\$549	Member/Public Sector _____	x _____			_____
Member Spouse/Guest	\$249	\$349	Member Spouse/Guest _____	x _____			_____
Member Adult Child	\$209	\$309	Member Adult Child _____	x _____			_____
Member Youth*	\$129	\$179	Member Youth _____	x _____			_____
Non-Member	\$849	\$949	Non-Member _____	x _____			_____
Non-Member Spouse/Guest	\$649	\$749	Non-Member Spouse/Guest _____	x _____			_____
Non-Member Adult Child	\$609	\$709	Non-Member Adult Child _____	x _____			_____
Non-Member Youth*	\$529	\$579	Non-Member Youth _____	x _____			_____
Golf	\$145	\$145	A Special Evening of Arizona Agriculture (Included): _____ (qty.)				
5K Run	\$25	\$25	Golf Tournament: _____	x \$145			_____
			Gary Arthur 5K Run/Walk: _____	x \$25			_____

*Youth : ages 3-13; Adult Child: over age 13

Register early! Onsite registration prices will increase by \$50 over the pricing indicated for June 1 - June 19 (\$25 increase for Youth registration).

Spouse/Guest Program: (Spouse/Guest or Adult Child Registrants Only)
 Day 1 Program, Monday: _____ (Included)
 Day 2 Program, Tuesday: _____ (Included)
 Day 2 Optional Homes Tour, Tuesday: _____ (\$25) _____
 Youth Program: _____ (Included)
 (For registered youth ages 3-13 only) Age(s): _____

TOTAL: \$ _____

The Member rate applies to ASTA members or the public sector.

E. Method of Payment

All Fees Are In U.S. Dollars

Check (made payable to ASTA in U.S. funds only) Visa MasterCard American Express

Number: _____ Exp. _____ CID Code: _____

Print Name: _____ Authorizing Signature: _____ Date: _____

See the top front of this form for submission instructions. Individual ticket sales will be available onsite for the welcome reception, opening general session, youth pizza party, spouse lunch and banquet.