

Washington State Horticultural Association
 105 Annual Meeting Conference
 December 7, 8 & 9, 2009
 Wenatchee, Washington



Last Name: _____ First Name: _____

Company / Orchard Name: _____

Mailing Address: _____

City, State, Zip: _____

Work Phone: _____ Fax: _____ E-mail: _____

Please fill out ONE registration form PER person. **INDIVIDUAL REGISTRATION ONLY**

Current individual membership required for the following items.

___ \$115 I am a current 2009 WSHA Member & wish to attend the Annual Meeting. (M-W)

___ \$210 I am **not** a current 2009 member, wish to join WSHA as an **Individual Member** & attend the Annual Meeting.

___ \$225 I am **not** a current 2009 member, wish to join WSHA as an **International Member** & attend the Annual Meeting.

___ \$ 95 I would like to join WSHA as an **Individual Member**.

Individual membership not required for the following items.

___ \$ 75 I am a **research tech assistant** for _____ & wish to attend with them.

___ \$ 75 I am a **student** (*copy of student id required w/registration form*) & wish to attend the meeting.

___ \$ 50 I am a **spouse** of a WSHA member & wish to attend with them. My Name _____

___ \$ 80 I am attending the **Spanish Language Session ONLY**. (*Tuesday only*)

SPECIAL EVENTS

Monday, Dec. 7 @ 12 Noon

WSHA Leadership Luncheon # _____ \$ 25 _____

Tuesday, Dec. 8 @ 6 p.m.

WSHA Reception & Banquet # _____ \$ 45 _____

Table of 8 # _____ \$340 _____

105 Proceedings/100 Year DVD
 (*Membership required*)

Members # _____ \$20 _____

Int'l Member # _____ \$35 _____

100 Year DVD # _____ \$10 _____

Visa _____ MC _____ Check _____ **Total Paid: \$** _____

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV2/3-digit code _____

Signature: _____

WSHA Use Only

Received by _____

Date _____

Invoice # _____

Batch # _____

Deposit # _____