

INDIVIDUAL REGISTRATION FORM

Washington State Horticultural Association
107th Annual Meeting & Postharvest Conference
December 5, 6, & 7, 2011
Wenatchee, Washington



Pre-registration must be postmarked by **11/14**. After **11/14**, higher prices will apply. Those who pre-register may pick up meeting packets (**Name Tags** included) at the pre-registration tables.

First Name: _____ Last Name: _____

Company / Orchard Name: _____

Mailing Address: _____

City, State, Zip: _____

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

Please Note: The WSHA membership year is from **July 1st to June 30th**.

<u>Before 11/14</u>	<u>After 11/14</u>	
___ \$185	___ \$210	I am not a current 2011 WSHA member, wish to join as an Individual Member & attend the AM/PH Meeting.
___ \$ 90	___ \$115	I am a current 2011 WSHA member, and wish to attend the AM/PH Meeting.
___ \$200	___ \$225	I am not a current 2011 International WSHA Member, but wish to join & attend the AM/PH Meeting.
___ \$ 50	___ \$ 75	I am a research tech assistant for _____ & wish to attend with them.
___ \$ 50	___ \$ 75	I am a student (<i>copy of student id required w/registration form</i>) & wish to attend the meeting.
___ \$ 25	___ \$ 50	I am a spouse of a current 2011 WSHA member & wish to attend with them. My name is _____
___ \$ 90	___ \$115	I am a Life Member & wish to attend the AM/PH Meeting.
___ \$ 65	___ \$ 80	I am attending the Spanish Language Session ONLY . (<i>Tuesday only</i>)
___ \$ 95		I am unable to attend the meeting but I would like to join WSHA as a Individual Member.

SPECIAL EVENTS

Before 11/14 After 11/14

Monday, Dec. 5 @ 12 Noon

WSHA Leadership Luncheon # _____ \$ 15 _____ \$ 25 _____

Tuesday, Dec. 6 @ 6 p.m.

WSHA Reception & Banquet # _____ \$ 35 _____ \$ 45 _____

Table of 8 # _____ \$ 260 _____ \$340 _____

*WIN a New Sprayer from the
Washington Apple Education Foundation
sponsored by Rears Manufacturing.
Drawing held at the annual meeting banquet.*

Visit www.waef.org to purchase your
Raffle Ticket today!

Card Number: _____

Visa _____ MC _____ Exp. Date: _____ CV# _____ (This # is **required** to process payment.)

Billing Address: _____

Name on Card: _____

Signature: _____

Check _____

Total Paid:

107th Proceedings/100 Year DVD
(*Membership required*)

Proceedings # _____ x \$20 = \$ _____

100 Year DVD # _____ x \$10 = \$ _____

Provide Your Email Address: _____

Questions? E-mail Nicole Brunner at nicole@wahort.org or Pam McNeill pam@wahort.org

Please make a copy of this form for your records

****Send registration form & payment to our NEW
mailing address:**

WSHA | 2900 Euclid Ave | Wenatchee WA 98801

May fax if paying via credit card

Fax: 509-665-8541