

38th Annual Meeting of the MidSouth APMS Registration Form



Delegate/Student Information

Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code _____

E-mail Address: _____

Phone: _____

Registration (Includes Reception, Lunch, Banquet, and Refreshment Breaks)

	Early <small>(by October 4, 2019)</small>	At the Door	
<input type="checkbox"/> Delegate Registration <i>(Includes 2019-2020 Regular Membership Dues)</i>	\$ 160.00	\$ 180.00	\$ _____
<input type="checkbox"/> Aquatic Plant Management Workshop Tour	\$ 25.00	\$ 25.00	\$ _____
<input type="checkbox"/> Student Registration (Presenting Paper)	\$ 0.00	\$ 0.00	\$ _____
<input type="checkbox"/> Student Registration (Not Presenting Paper) <i>(Includes 2019-2020 Student Membership Dues)</i>	\$ 35.00	\$ 35.00	\$ _____
<input type="checkbox"/> Guest Registration Name _____ <i>(Spouse, partner, child over 12 years-of-age)</i>	\$ 50.00	\$ 75.00	\$ _____

2019-2020 Membership Dues

<input type="checkbox"/> Student	\$ 5.00	\$ _____
<input type="checkbox"/> Sustaining	\$ 75.00	\$ _____

*** PLEASE NOTE that Sustaining membership dues are included with an Exhibit Space Fee ***

Meeting Sponsorship

<input type="checkbox"/> Platinum	\$ 1750.00	\$ _____
<input type="checkbox"/> Gold	\$ 1250.00	\$ _____
<input type="checkbox"/> Silver	\$ 750.00	\$ _____
<input type="checkbox"/> Contributing	\$ 500.00	\$ _____

Exhibitor Space (Includes 1 booth space, 1 free registration and 1 Sustaining Membership for 2019-2020)

<input type="checkbox"/> Exhibit Booth Space (8'x 10', 6-foot table, electrical hook-up available with prior notice)	\$ 550.00	\$ _____
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Electricity Required for Exhibit Yes No

Space is allocated on a first-come, first-served basis.

Newsletter Advertisement (Includes advertisement in 2019-2020 Newsletters)

<input type="checkbox"/> Full Page	\$ 400.00	\$ _____
<input type="checkbox"/> Half Page	\$ 200.00	\$ _____
<input type="checkbox"/> Quarter Page	\$ 100.00	\$ _____
<input type="checkbox"/> Business Card	\$ 50.00	\$ _____

Total Amount

\$ _____

Credit Card Type _____ Card Number _____ CCV _____ Exp. _____

Card Holder _____ Signature _____

Address Associated with Card if different from above: _____

City: _____ State: _____ Zip Code _____

Early registration accepted if form and payment received by Oct. 4, 2019.

Please mail completed form and payment to:

Harry Knight

MSAPMS

14 Valerie Ln

Cullman, AL 35058

Ph: (256) 531-8436 E-Mail: msapms15@gmail.com

Cancellation/Refund Policy: Registration fees are fully refundable prior to Oct. 4, 2019. No refund of any fees will be issued if cancellation of participation is received after Oct. 4, 2019. Notice of cancellation must be received by MSAPMS via mail, fax or e-mail. **Phone cancellations will not be accepted.**