



REGISTRATION FORM

WASHINGTON STATE WEED CONFERENCE
November 4-6, 2009 – Yakima, WA

REGISTRATION INFORMATION:

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Company/Affiliation _____

Contact Person _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

FAX (____) _____ Email _____

CONFERENCE REGISTRATION RATES:

Conference Registration (before Oct. 26th).....\$85

Conference Registration (after Oct. 26th).....\$100

Registration includes all meetings and workshops, Thursday luncheon, social hour and copy of abstract booklet.

PAYMENT INFORMATION:

_____ Conference Registrations @ \$85 (before Oct. 26th)

_____ Conference Registrations @ \$100 (after Oct. 26th)

\$ _____ **TOTAL**

METHOD OF PAYMENT:

Check VISA* MasterCard* PO# _____

Credit Card Number _____ Exp. Date _____

Card Holder's Signature _____ V-Code _____

**Credit Card orders processed by The Maurer Group.*

PLEASE RETURN TO:

Washington State Weed Association
P.O. Box 3056
Pasco, WA 99302
(509) 783-4676 FAX: (509) 783-4674
Email: taryn@maurergroup.com