

CONFERENCE REGISTRATION FORM



COMPANY INFORMATION

Company _____
 City _____
 State _____
 ZIP _____
 Country _____
 Telephone _____
 Fax _____
 Company E-mail _____
 Web site address _____

	Member before Sept. 1	Member after Sept. 1	Non-Member
Diagnostic Tour	\$50	\$75	\$100
2-Day Conference	\$395	\$420	\$445
Additional Registrant from Same Company	\$25	\$30	\$50
Tuesday Conference Registration	\$235	\$260	\$285
Wednesday Conference Registration	\$235	\$260	\$285
OFA Membership (add \$10 for Canada and Mexico, \$15 for all other countries)			
Company Membership	\$125		
Student Membership	\$25		
Educator Membership	\$75		
Retired Membership	\$60		
Sub Total			

Name	Individual E-mail	Member before Sept. 1	Member after Sept. 1	Non-Member	OFA Membership	Student Membership	Educator Membership	Retired Membership	Sub Total
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Nature of Business (check all that apply)

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> A Retail/Wholesale Greenhouse | <input type="checkbox"/> H Institutional/Educational |
| <input type="checkbox"/> B Retail Greenhouse | <input type="checkbox"/> I Government/Extension |
| <input type="checkbox"/> C Wholesale Greenhouse | <input type="checkbox"/> J Manufacturer |
| <input type="checkbox"/> D Landscape | <input type="checkbox"/> K Supplier/Distributor |
| <input type="checkbox"/> E Garden Center | <input type="checkbox"/> L Home Center/Hardware |
| <input type="checkbox"/> F Nursery | <input type="checkbox"/> M Mass Market/Discount |
| <input type="checkbox"/> G Retail Florist | <input type="checkbox"/> N Other _____ |

Growing Area under Cover (sq. ft.)

- | | |
|--------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> A 1 - 9,999 | <input type="checkbox"/> E 100,000 - 249,999 |
| <input type="checkbox"/> B 10,000 - 24,999 | <input type="checkbox"/> F 250,000 and over |
| <input type="checkbox"/> C 25,000 - 49,999 | <input type="checkbox"/> G Open Field: _____ Acres |
| <input type="checkbox"/> D 50,000 - 99,999 | <input type="checkbox"/> H None of the Above |

PAYMENT INFORMATION

Registration will not be processed without full payment.
 U.S. check made payable to OFA
 VISA MC AmEx

Credit Card # _____

Expiration Date _____

V-code _____

Authorized Signature _____

Total \$ _____