

Registration Form Preregistration Deadline 2.1.2017

Names (Please list all attendees, make additional copies as necessary)

Firm Name _____

Address _____

City _____ State ____ ZIP _____

Phone () _____ FAX () _____

E-mail _____

How many anticipate attending the mixer? _____

Registration at the door add \$20/each

Includes all seminars, continental breakfast, hot buffet lunch, afternoon snack & social mixer

ASLA, CCE, GFLNLA, NYSSFA NYSTA, or STMONY Member

_____ x \$75 _____

F.T. student with current I.D.

_____ x \$25 _____

5 or more from one firm @ \$70 each

10 or more from one firm @ \$65 each

Subtotal \$ _____

Sponsorships available. www.gardenscapepros.com for information.

Contributions accepted \$ _____

Subtotal \$ _____

Total Enclosed \$ _____

Send registration & nonrefundable check payable to:

PLANT gflx

c/o Shar Reeves

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Groveland, NY 14462