

# 37<sup>th</sup> 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)

	<b>Early</b> <small>(by October 4, 2018)</small>	<b>At the Door</b>	
<input type="checkbox"/> Delegate Registration <i>(Includes 2018-2019 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 2018-2019 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	\$ _____

## 2018-2019 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 2018-2019)

<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 2018-2019 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, 2018.**

Please mail completed form and payment to:

Sherry Whitaker

MSAPMS

P.O. Box 822792

Vicksburg, MS 39182

Ph: (601) 634-2990 E-Mail: msapms15@gmail.com

**Cancellation/Refund Policy:** Registration fees are fully refundable prior to Oct. 20, 2018. No refund of any fees will be issued if cancellation of participation is received after Oct. 20, 2018. Notice of cancellation must be received by MSAPMS via mail, fax or e-mail. **Phone cancellations will not be accepted.**