

# 57th Annual Meeting of the APMS Registration Form

## Delegate/Student/Guest Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Affiliation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Registration *(Includes Refreshment Breaks, President's Reception, Poster Reception, and Banquet)*

	<b>On-site</b>	
<input type="checkbox"/> Delegate Registration	\$ 375.00	\$ _____
<input type="checkbox"/> Student Paper Competition Registration	\$ 0.00	\$ <u>0.00</u>
<input type="checkbox"/> Regular Student Registration (non-competing)	\$ 75.00	\$ _____
<input type="checkbox"/> Guest Registration (spouse, partner, child over 12 years-of-age) <i>(also includes the Guest Tour)</i>		
Name(s): _____	\$ 155.00	\$ _____
<input type="checkbox"/> One-day Meeting Registration <i>(includes refreshment breaks on day of attendance only)</i>		
Day of Attendance: _____	\$ 100.00	\$ _____

### Individual Special Event Tickets for Non-registered Guests

<input type="checkbox"/> President's Reception	Name(s): _____	\$ 50.00	\$ _____
<input type="checkbox"/> Guest Tour	Name(s): _____	\$ 50.00	\$ _____
<input type="checkbox"/> Poster Reception	Name(s): _____	\$ 50.00	\$ _____
<input type="checkbox"/> Banquet	Name(s): _____	\$ 65.00	\$ _____

## Membership Dues (2017)

<input type="checkbox"/> Individual	\$ 75.00	\$ _____
<input type="checkbox"/> Student	\$ 20.00	\$ _____
<input type="checkbox"/> Sustaining	\$500.00	\$ _____

### **Total Payment Amount:**

\$ \_\_\_\_\_

## Payment Method (Check One)

Check *(Make Payable to APMS, Inc.)*      Credit Card:    Visa     Master Card     American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

### **Send Completed Form and Payment to:**

The Aquatic Plant Management Society, Inc.  
 7922 NW 71<sup>st</sup> Street  
 Gainesville, FL 32653  
 Fax: 352-392-3462

**Early registration accepted if form and payment received by June 16, 2017.** Registration questions, please phone: 662-617-4571 or E-mail: APMS14@Hotmail.com

**Cancellation/Refund Policy:** Registration fees are fully refundable prior to June 30, 2017, less a \$25.00 processing and handling fee. No refund of any fees will be issued if cancellation of participation is received after June 30, 2017. Notice of cancellation must be received by APMS via mail, fax, or e-mail. **Phone cancellations will not be accepted.**