



Registration Form

FSHS Annual Meeting – June 3-5, 2012

125th Annual Meeting

All meetings and functions will be held at Delray Beach Marriott - The conference rate is \$109 plus tax (includes complimentary wireless internet) – contact the hotel at 561-274-3200 - Identify yourself as being with “FSHS” in order to secure the conference rate. *The cut-off date is May 10, 2012.*

Florida State Horticultural Society, Inc., c/o ASHS, 1018 Duke Street, Alexandria, VA 22314;
Phone: 703-836-4606 ext. 117; Fax: 703-836-2024

Name: _____
Company/Affiliation: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

REGISTRATION FEE – FSHS

(Includes: Sunday – Welcome Reception; Monday – Continental Breakfast and Industry Reception)
Early Bird Registration (Postmarked by April 16, 2012)..... @ \$125.00 = \$ _____
Registration (After April 16, 2012)..... @ \$175.00 = \$ _____

REGISTRATION FEE – NON-MEMBER

(Includes: Sunday – Welcome Reception; Monday – Continental Breakfast and Industry Reception)
Early Bird Registration (Postmarked by April 16, 2012)..... @ \$185.00 = \$ _____
Registration (After April 16, 2012)..... @ \$225.00 = \$ _____

STUDENT REGISTRATION FEE

Registration @ \$95.00 = \$ _____

ATTENDING SPOUSE/GUEST - Indicate Name of Spouse Attending: _____

Welcome Reception @ \$35.00 = \$ _____
Industry Reception @ \$35.00 = \$ _____

OPTIONAL EVENT TICKETS

Tuesday Horticultural Crops Breakfast..... @ \$28.00 = \$ _____
Tuesday Extension Luncheon..... @ \$32.00 = \$ _____

OPTIONAL DUES PAYMENT – Dues must be current to receive 124th Annual Meeting Proceedings and Member Meeting Rate (Annual \$50.00; Out of Country \$60.00; Student \$10.00; Patron \$160.00; Lifetime \$160.00 must be a current member – Late fee after 4/16/2012 Annual \$70.00; Out of Country \$80.00; Student \$20.00; Patron \$170.00; Lifetime \$170.00)

2012 Dues Payment..... \$ _____

DONATION - FSHS Endowment Fund..... \$ _____

TOTAL..... \$ _____

PAYMENT INFORMATION (*If you would like to pay online, you may do so on the following webpage: <http://shop.ashs.org/>)

Check # _____ Amount of Check or Amount to be Charged on Credit Card \$ _____

Credit Card # _____ CVV code: _____ Exp. Date _____

Name on Card _____ Signature _____

Billing Address _____
Street Address City State Zip