

CONFERENCE REGISTRATION

REGISTRATION INFORMATION

Name _____ Title _____

Name as you wish it to appear on your nametag: _____

Business/Organization _____

Address _____ City/State/Zip _____

Daytime Phone (_____) _____ Fax (_____) _____ E-mail _____

- I am attending the conference (lunch included) \$35 \$ _____
- I am attending the farm tour (lunch included) \$15 \$ _____
- I am attending the Wednesday evening social barbeque \$15 \$ _____

Conference Registration Fee TOTAL..... \$ _____

Payment Information:

- Check (*Please make your check payable to: Maui Flower Growers Association*)
- Purchase Order # _____
- Card # _____ Exp. Date: _____
 - American Express MasterCard Visa

Name as it appears on card: _____

Signature: _____
(Credit card payment may be faxed to (808) 875-8882

Please mail or fax completed registration form to *Maui Flower Growers Association*

**Maui Flower Growers Association
Attn: Hawaii Floriculture Conference
P. O. 684
Hana, Hawaii 96713 USA
Fax: (808) 875-8882**

For Office Use Only: Amt.: \$ _____	Check #: _____	Date Inputted: _____	Initial: _____
-------------------------------------	----------------	----------------------	----------------