



Representing Exceptional Companies
That Offer Superior Products

WWW.MAILORDERGARDENING.COM

MGA 2010 SUMMER CONFERENCE

August 16-18, 2010

Doubletree Hotel—Magnificent Mile
Chicago, IL

REGISTRATION FORM

REGISTER BY JULY 19TH AND SAVE ON REGISTRATION FEES!

****ONE Conference Registrant per form****

CONTACT INFORMATION:

Registrant Name : _____
Print name as it should appear on badge

Name of Spouse (if attending): _____

Name of Children (if attending): _____ Age: _____
_____ Age: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Email Address: _____

Is this your first MGA National Meeting? YES NO

REGISTRATION FEES:

MGA Registration Fee includes the following: All Seminars and Meetings, Hospitality Room Refreshments, Welcome Reception, one Continental Breakfast, Ball Horticultural Tour & Reception, Coffee, Juice and a Brunch. Also includes the special session for IGC Exhibitors and MGA Members on Monday evening.

MEMBER Registration Fee _____ # persons **by July 19th** @ \$355.00 \$ _____
(Includes ALL listed above) _____ # persons **After July 19th** @ \$385.00 \$ _____

NON-MEMBER Registration Fee _____ # persons **by July 19th** @ \$485.00 \$ _____
(Includes ALL listed above)

Multiple Registration Discount Subtract \$20.00 per person if applicable - \$ _____
(Requires 3 or more registrants from the same company) **TOTAL** \$ _____

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GUEST TICKETS:

(Monday) Welcome Reception _____ # Adult Guests @ \$30.00 \$ _____

(Tuesday) Ball Horticultural _____ # Adult Guests @ \$35.00 \$ _____
 Tour & Reception _____ # Child (under 10yrs) @ \$15.00 \$ _____

(Wednesday) Brunch _____ # Spouse/Children (if any) @ 0.00 \$ **FREE** _____
 & Presentation
 *Spouses May Attend for FREE**

PLEASE NOTE IF YOU PLAN TO ATTEND THE WEDNESDAY BRUNCH: YES NO

I prefer vegetarian meals: YES NO

PAYMENT OPTIONS:

Payment Enclosed or Please charge my: Visa Mastercard (AMEX not accepted)

Total Amount: \$ _____

Card Number: _____ Exp. Date: _____

Printed Name: (exactly as it appears on card): _____

Company Name (if Corporate card): _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature (REQUIRED): _____

The above signed agrees to pay the charges according to the card issuer agreement.

FULL REFUND FOR CANCELLATIONS BEFORE August 1st.
CANCELLATIONS RECEIVED AUGUST 1st - 9th WILL BE ASSESSED A \$150.00 FEE.
NO REFUNDS FOR CANCELLATIONS AFTER AUGUST 9TH

Payment must accompany registration form. Make check payable to the following....

MAILORDER GARDENING ASSOCIATION
 5836 Rockburn Woods Way, Elkridge, MD 21075
 Phone: 410-540-9830 Fax: 410-540-9827
 www.mailordergardening.com

FOR OFFICE USE ONLY:
 Date Received: _____ Check #: _____ Amount Paid: _____
 Refund Amount: _____ Balance Due: _____ Approval Number: _____
 Reference Number: _____