

59th Annual Meeting of the WSSA

February 11-14, 2019

REGISTRATION



COPY THIS FORM FOR ADDITIONAL REGISTRATION FORMS. ONE FORM PER ATTENDEE

First and Last Name

Organization

Street Address

City

State

Zip

Phone

Fax

E-Mail

Please Specify Any Special Needs

Spouse/ Guest Name (if registering)

REGISTRATION FEES	On or Before Dec. 25	Dec. 26 - Jan. 14	Jan 15 & After	Amount:
Full Registration				
WSSA Member*	\$650.00	\$750.00	\$850.00	\$
WSSA Student Registration**	\$150.00	\$150.00	\$150.00	\$
Guest	\$75.00	\$75.00	\$75.00	\$
WSSA Emeritus/ Retired Fellow***	Complimentary	Complimentary	Complimentary	
One Day Registration (Please select which day you will be attending)	\$225.00	\$225.00	\$250.00	\$
Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/>	Thursday Pricing: \$125.00			\$
Special Events- Optional				
IWSS Renewal	\$30.00	\$30.00	\$30.00	\$
Women in Weed Science Luncheon	Complimentary <input type="checkbox"/>	Complimentary <input type="checkbox"/>	Complimentary <input type="checkbox"/>	
Please select whether you would like to be a mentor/mentee	Mentor <input type="checkbox"/>	Mentee <input type="checkbox"/>	No Thank You <input type="checkbox"/>	
Graduate Student Luncheon/Breakfast	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Both <input type="checkbox"/>	
2019 Tour Options- Choose carefully based on age/status/etc..				
WWII Tour -Insert total from tour page				\$
Mardi Gras Tour- Insert total from tour page				\$

TOTAL: \$ _____

Full Registration and Student Registration includes the Awards Reception on Monday Evening.

***WSSA registration includes one year membership (2019)**

****Student registration includes attendance at the Awards Reception, the Graduate Student Luncheon and a 2019 WSSA Student Membership.**

*****WSSA Emeritus or Retired Fellows may register for the annual meeting without a fee. This includes the award reception on Monday Evening.**

59th Annual Meeting of the WSSA

Payment Information

Method of payment:

Check payable to "WSSA"

Please charge my: VISA MasterCard American Express

Card Number: Expiration Date: / CVC Code:

Billing Address (required): _____

Signature: _____

Print name: _____

**Do not send cash. Please make checks payable to "WSSA."
All fees must be paid in US funds and drawn on US banks.**

Cancellation Policy

Written notice of cancellation received on or before February 1, 2019 will be refunded minus a \$50 processing fee. No refunds will be issued for cancellations after February 7, 2019.

Return Form

WSSA; Meeting Registration
12011 Tejon St #700
Westminster, CO 80234
info@wssa.net

Please send payment to:

Weed Science Society of America (WSSA)
12011 Tejon St., Ste. 700 | Westminster, CO 80234
or Fax to 303-458-0002
Questions? Call 720.977.7940

For Office Use Only:

Method of payment: Check Credit Card Cash

Date: _____ \$Paid _____ # _____