



**NATIONAL PLANT BOARD  
ANNUAL MEETING  
REGISTRATION FORM**

**REMEMBER TO BOOK YOUR ROOM EARLY**  
**Reservations:**  
**The Curtis – A Doubletree Hotel**  
**1.800.525.6651**  
**(ask for National Plant Board rate)**  
**DEADLINE JULY 8**

**CONTACT INFORMATION**

Name:		Name on Badge:	
Address:			
Title and Agency Employed By:			
City:	State:	Zip Code:	
Email:		Daytime Phone:	
Guest:		Name on Badge:	
Names and ages of children attending:			

**REGISTRATION – FEES DUE JULY 8, 2011**

Please indicate number attending:	Total
_____ NPB Meeting Registration @ \$485	\$ _____
_____ Guest Registration @ \$160	\$ _____
_____ Late Registration @ \$535 (after July 8)	\$ _____
_____ One-Day Registration @ \$160	
<b>Indicate:</b> Mon    Tues    Wed    Thurs	\$ _____
_____ Welcome Reception	<u>Included</u>
_____ Banquet, Tuesday August 9 <sup>th</sup>	<u>Included</u>
<b>Indicate Dinner:</b> Beef/Chicken/Vegetarian	
_____ Field Trip, Wednesday August 10 <sup>th</sup>	<u>Included</u>
<b>Indicate Sandwich:</b> Roast Beef/Ham/Turkey/Vegetarian	

**\*\*TOTAL ENCLOSED**    \$  

Check Number: \_\_\_\_\_

See below if paying by credit card

**ADDITIONAL INFORMATION**

Exhibit Space? (first come, first served)                      **Yes**                       **No**

Table(s) needed? \_\_\_\_\_ Other Exhibit Needs? (chairs, electricity, easels, etc.) \_\_\_\_\_

Special accommodations?                      (write in or contact us directly for assistance)

Special dietary needs? \_\_\_\_\_

**HOW TO REGISTER:**

Return completed registration form with payment **by July 8, 2011**

Make checks payable to “**National Plant Board - CO**”.

Indicate “**Plant Board Conference**” in memo.

**FOR MEETING INFORMATION CONTACT:**

[mitchell.yergert@ag.state.co.us](mailto:mitchell.yergert@ag.state.co.us)    [barbara.rosenbach@ag.state.co.us](mailto:barbara.rosenbach@ag.state.co.us)  
(303) 239-4138                      (303) 239-4139

**Send Registration to:**  
**National Plant Board - CO**  
**Attn: Barbara Rosenbach**  
**P.O. Box 150245**  
**Lakewood, CO 80215**  
**(303) 239-4139 (information)**  
**(303) 239-4177 (fax)**

\*\*\*\*\*  
Visa, MasterCard or Discover Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature Required \_\_\_\_\_

Note: The part of the registration form containing the credit card number and signature will be removed from the registration form and shredded after payment is processed.