# **Building Bridges-Creating Connections**Western Plant Health Association Annual Meeting 2017



Attendee Information (Please print or type) For more than two attendees use an additional form		PAID ON or BEFORE September 4	PAID AFTER September 4	
Attendee Name (as it will appear on conference badge)		☐ Member: \$495 ☐ Non-Member: \$875	☐ Member: \$525 ☐ Non-Member: \$1,125	
Spouse / Guest Name		□Guest: \$245 □Non-Member \$800	☐ Member: \$275 ☐ Non-Member: \$1,050	
Company				
Address				
City		State	Zip	
Phone ( )	Fax ( )	Email		
Accommodations & Trav	vel .			
contact Amanda Martinez at 805 Health Association. Ojai Valley Inn and Spa is located	alties. For room or suite reservations call 888-69-640-2151, or amartinez@ojairesort.com. Please in Ojai, CA, approximately 43 miles east of the suggested that plane flights and car rentals are research.	Santa Barbara Airport	ith Western Plant . For preferred ible.	
<b>Registration and Activit</b>	ies Payment Information	<b>PLEASE NOTE:</b> Identification of the results of the	_	
Attendee / Guest Total: (From reverse)	\$	participants. You must be registered to participate in meeting activities.		
TOTAL PAYMENT ENCLOSED:	\$	<ul> <li>Cancellations, in writing, received by mail or fax by September 8, 2017 will</li> </ul>		
Form of Payment		receive a full refu handling fee. The	nd less a \$40 re will be no refunds	
□ <b>Check(s)</b> enclosed, made	for cancellations	postmarked after .7. All refunds will be		
□ Credit Card ( □ Visa □ N		lose of the annual		
Credit Card Number (exclude	e spaces)	meeting.	er registering for the	
	WPHA annual me member by Febru	eting becomes a lary 5, 2018, the		
CC Security Code:	Billing Zip Code:	difference betwe member registrat credited to first y		
Name as it appears on card	Expiration Date (MM/YYYY)			
Signature (required)		Signa	ture Date	

# **Special Needs**

If you have special dietary or mobility requirements, please fill out this section. Please note that while WPHA and the Ojai Valley Inn and Spa will make every effort to meet your request(s), we may not be able to address all needs.

Name	Dietary Requirements	If you have a disability that may impact your participation at this meeting, please describe below. Someone from our staff will contact you prior to the meeting to discuss accommodations.
	□Diabetic □Kosher □Vegetarian □Other (please specify)	

# WPHA Golf Tournament Monday, October 9

Player	Handicap (or average of last four scores)	Desired Foursome  ☐ No preference	Are You Paying For Additional Players?  If so, whom?	Handi- cap
Attendee Name		1.	1.	
		2.	2.	
Spouse Name		3.	3.	
		4.		

<sup>\*</sup>Club Rentals can be made through the Reservations Department within 30 days of the golf tournament call 805-646-5511 or email at <a href="mailto:golfshop@ojairesort.com">golfshop@ojairesort.com</a>.

## **Optional Activities** (See registration brochure for details)

Cancellations for recreational activities must be made in writing before Sept. 22, 2017 or full charges apply.

### **Select Optional Activities**

$\square$ Attendee	$\square$ Guest	Foodie Walking Tour: \$180 per person	☐ Attendee	$\square$ Guest	Jeep Tour: \$240 per person
☐ Attendee	☐ Guest	WPHA Golf Tournament: \$185 per person			

ndee Guest WPHA Golf Tournament: \$185 per person Golf Registration & Continental Breakfast: 7:00 am, Club House Tee Time: 8:00 am (Please indicate handicaps & desired foursome above)

# **Registration and Activity Chart**

	Attendee (as listed above)	<b>Spouse / Guest</b> (as listed above)	TOTAL
Registration Fee (as listed above)	\$495 / \$525 \$875 / \$1,125	\$245 / \$275 \$800 / \$1,050	\$
Foodie Walking Tour (\$180 per person)	\$	\$	\$
WPHA Golf (\$185 per person)	\$	\$	\$
Additional Golf Players (\$185 per person)	\$	\$	\$
Jeep Tour (\$240 per person)	\$	\$	\$
GRAND TOTAL			\$

### **Form Submittal**

- BY MAIL: Return this form or a copy, along with payment to:
   Western Plant Health Association 4460 Duckhorn Drive, Suite A Sacramento, CA 95834
- BY FAX: Send to 916-574-9484. Faxed forms must include credit card information.
- Remember to return both sides of this
  form
- Keep a copy for your records: Please print or type all information, including your name as you would like it to appear on your conference badge.
- Cancellations must be made no later than September 8, 2017 by mail or fax, to receive a refund.
- Optional activities at additional cost.
- Questions?: Call WPHA at 916-574-9744

**RETURN THIS FORM TO:** Western Plant Health Association, 4460 Duckhorn Drive, Suite A, Sacramento, CA 95834 **FAX:** 916.574.9484 · **REGISTRATION EMAIL:** anmtg-regn@healthyplants.org