

# Building Bridges - Creating Connections

## Western Plant Health Association Annual Meeting 2017



|  |                      |  |  |
|--|----------------------|--|--|
| <b>Attendee Information</b> (Please print or type)<br>For more than two attendees use an additional form |                      | <b>PAID ON or BEFORE</b><br><b>September 4</b>                                       | <b>PAID AFTER</b><br><b>September 4</b>  |
| <b>Attendee Name</b> (as it will appear on conference badge)   |                      | <input type="checkbox"/> Member: \$495<br><input type="checkbox"/> Non-Member: \$875 | <input type="checkbox"/> Member: \$525<br><input type="checkbox"/> Non-Member: \$1,125 |
| <b>Spouse / Guest Name</b>   |                      | <input type="checkbox"/> Guest: \$245<br><input type="checkbox"/> Non-Member \$800   | <input type="checkbox"/> Member: \$275<br><input type="checkbox"/> Non-Member: \$1,050 |
| <b>Company</b>   |                      |  |  |
| <b>Address</b>   |                      |  |  |
| <b>City</b>  |                      | <b>State</b>   | <b>Zip</b>   |
| <b>Phone</b><br>(    )   | <b>Fax</b><br>(    ) | <b>Email</b>   |  |

### Accommodations & Travel

Please refer to the registration brochure and Room Reservation Form for sleeping room reservations. This may be found in this brochure and on the WPHA Web site ([www.healthyplants.org](http://www.healthyplants.org)). **Room reservations must be made and/or changed by August 21, 2017 to avoid penalties.** For room or suite reservations call 888-697-9116. For meeting room reservations contact Amanda Martinez at 805-640-2151, or [amartinez@ojairesort.com](mailto:amartinez@ojairesort.com). Please state that you are with Western Plant Health Association.

Ojai Valley Inn and Spa is located in Ojai, CA, approximately 43 miles east of the Santa Barbara Airport. For preferred arrival and departure times, it is suggested that plane flights and car rentals are made as early as possible.

### Registration and Activities Payment Information

|   |    |
|---|----|
| Attendee / Guest Total:<br>(From reverse) | \$ |
| <b>TOTAL PAYMENT ENCLOSED:</b>            | \$ |

### Form of Payment

- Check(s)** enclosed, made payable to **WPHA**  
 **Credit Card** (  Visa  MasterCard  Am Ex)

**Credit Card Number** (exclude spaces)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**CC Security Code:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**PLEASE NOTE:** Identification badges are given only to registered participants. **You must be registered to participate in meeting activities.**

- Cancellations, in writing, received by mail or fax by September 8, 2017 will receive a full refund less a \$40 handling fee. There will be no refunds for cancellations postmarked after September 8, 2017. All refunds will be issued after the close of the annual meeting.
- If a non-member registering for the WPHA annual meeting becomes a member by February 5, 2018, the difference between member and non-member registration fees will be credited to first year dues.

Name as it appears on card

Expiration Date (MM/YYYY)

Signature (required)

Signature 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. |
|------|---|---|
|      | <input type="checkbox"/> Diabetic <input type="checkbox"/> Kosher<br><input type="checkbox"/> Vegetarian <input type="checkbox"/> Other<br>(please specify) |   |

## WPHA Golf Tournament Monday, October 9

| Player               | Handicap<br>(or average of last four scores) | Desired Foursome<br><input type="checkbox"/> No preference | Are You Paying For Additional Players?<br>If so, whom? | Handicap |
|----------------------|--|--|--|----------|
| <b>Attendee Name</b> |  | 1.   | 1.   |          |
|                      |  | 2.   | 2.   |          |
| <b>Spouse Name</b>   |  | 3.   | 3.   |          |
|                      |  | 4.   |  |          |

\*Club Rentals can be made through the Reservations Department within 30 days of the golf tournament call 805-646-5511 or email at [golfshop@ojairesort.com](mailto:golfshop@ojairesort.com).

## 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

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

## 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](mailto:anmtg-regn@healthyplants.org)