



## 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 <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (please specify)	

## WPHA Golf Tournament Monday, October 9

Player	Handicap (or average of last four scores)	Desired Foursome <input type="checkbox"/> No preference	Are You Paying For Additional Players? 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 (as listed above)	Spouse / Guest (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)	\$	\$	\$
<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)