



## APS Pacific Division Meeting

June 27-29

Mission Inn, California

### 2017 Meeting Registration Form

Registrant Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Registration:

**Full Meeting** (includes all breaks and meals)

#### Early Registration

(On or before May 15, 2017)

#### Regular/Late Registration

(After May 15, 2017)

Member	\$198 _____	\$228 _____
Nonmember	\$228 _____	\$258 _____
Post-Docs and Grad Students	\$158 _____	\$188 _____
One-day registration – Day 1	\$99 _____	\$120 _____
One-day registration – Day 2	\$99 _____	\$120 _____
Guest social/dinner ticket	\$30 _____	\$30 _____

#### Abstract Publishing Fee

# of abstracts \_\_\_\_\_ x \$50/each \$ \_\_\_\_\_

#### PRE-CONFERENCE FIELD TRIP

Check box if you plan on attending the field trip on Common pests and diseases of fruit crops, ornamentals, and native tree species of Southern California \$40 \_\_\_\_\_

Please indicate special dietary needs: \_\_\_\_\_

**Grand Total** .....\$ \_\_\_\_\_

Payment type: Check \_\_\_\_\_

Make checks payable to: **APS Pacific Division**

*When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.*

Credit card \_\_\_\_\_ Visa / MasterCard / American Express (circle one)

Credit card no: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail or fax registration form and payment information to:**

**D. Kessler, APS Division Meetings.**

**Phone: +1.651.994.3806; Fax: +1.651.454.0766**

**Mail to: APS, 3340 Pilot Knob Road, St. Paul, MN 55121**