

PRE-REGISTRATION SUMMER MEETING
The Seasons Lodge; Nashville, Indiana
JULY 13-15, 2018

For planning purposes (guarantees must be given), we must use a pre-registration system again this year.
Please submit your pre-registration and the appropriate fees prior to June 13, 2018 to:

Indiana Pest Management Association,
P.O. Box 3926
West Lafayette, IN 47996

Company Name _____

Name _____

Address _____ City _____ State _____ ZIP _____

Spouse's Name _____ Children's Name(s) _____

Name(s) of others in your party _____

FEES:	# ATTENDING	FEES
Registration (\$120/1st person + spouse, \$140 after 6/13/18) ...	_____	_____
To include one complimentary business lunch		
Additional lunches at \$20/each	_____	_____
\$25 each additional person attending training meeting	_____	_____
Golf Outing, 11am, Friday, July 13th (\$45/person)	_____	_____
Salt Creek Golf Course		
Friday Night Playhouse (Greatest Musical Hits - A Fun Stage Show)		
\$20/per person.....	_____	_____
CCH Meeting Saturday, July 14th, 8 a.m. (Registration opens at 7:30 a.m.)		
Saturday night - Dinner & Auction (including bonus bucks to get you started)		
\$30 adult;	_____	_____
\$15/child (under 12).....	_____	_____
Univar USA will sponsor drinks during social hour		
	TOTAL AMOUNT REMITTED*	_____

*Suppliers should add \$100.00 to this amount if they care to help sponsor the hospitality suite. Please note that suppliers have decided not to exhibit this year, but will be recognized on the program and in the hospitality suite.

ADDITIONAL OPPORTUNITY FOR SUPPLIERS - If you'd like to help sponsor the golf outing, please add an additional \$50 to your registration.

FOR ROOM RESERVATIONS, CALL 1-800-365-7327 and mention you are with the Indiana Pest Management Association. Our room rate is \$99/109/night and this rate applies to Thursday, Friday and Saturday nights. (Golfers: We have a 11 a.m. tee time, so you may want to come in Thursday). Room reservations must be made before June 13, 2018, to receive our group rate.

MEETING REGISTRATION - PLEASE PRINT

Credit Card Payment: Visa Mastercard

Name on Card _____ Expiration Date _____ Card# _____

Billing Address: _____ City _____ State _____ Zip _____
(if different than above)

Signature _____