



# Indiana Pest Management Association Summer Meeting Registration Form

## PRE-REGISTRATION SUMMER MEETING Hilton Garden Inn, Bloomington, IN JULY 16-17, 2021

*For planning purposes (guarantees must be given), we must use a pre-registration system this year.*

Please submit your pre-registration and the appropriate fees prior to June 25, 2021 to:  
**INDIANA PEST MANAGEMENT ASSOCIATION, P.O. BOX 3926, WEST LAFAYETTE, IN 47996**

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name(s) of others in your party: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FEES:

**CCH Meeting Saturday, July 17th, 8 a.m. (Registration opens at 7:30 a.m.)**

*CCHs in 7A, 7B, & 8 expected, watch for email with final approved credits*

**REGISTRATION (INCLUDES ENTRANCE TO THE SATURDAY CCH MEETING 8:00AM - 1:30PM)**

**# ATTENDING FEES**

**\$120** - First person + spouse (through **6/25/2021**) ..... \_\_\_\_\_

**\$140** - after 6/25/2021 ..... \_\_\_\_\_

**First registration includes one complimentary business lunch**

**\$55** - for each additional person attending training meeting (includes lunch). \_\_\_\_\_

### ADD ONS:

**Golf Outing, Friday, July 16th - Indiana University Golf Course**

**\$95** - per person ..... \_\_\_\_\_

*Tee time is 10:12 a.m., golfers need to arrive at the course by 9:15 a.m.*

**Saturday Night Dinner & Auction (including bonus bucks to get you started)**

**\$36** - per adult ..... \_\_\_\_\_

**\$18** - per child (under 12) ..... \_\_\_\_\_

*Vesperis will sponsor drinks during social hour*

**# FEES**

### SUPPLIER SPONSORSHIP OPTIONS:

**\$100** - hospitality room sponsorship..... \_\_\_\_\_

**\$50** - golf outing sponsorship ..... \_\_\_\_\_

**TOTAL AMOUNT REMITTED:** \_\_\_\_\_

### ROOM RESERVATIONS, CALL 1-812-331-1335

- Mention you are with the Indiana Pest Management Association.
- Our room rate is **\$109/night** and this rate applies to Thursday, Friday and Saturday nights.
- Room reservations must be made by **June 25, 2021**, to receive our group rate.

### MEETING REGISTRATION - PLEASE PRINT

Credit Card Payment:

Name on Card \_\_\_\_\_ Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (if different than above)

Signature \_\_\_\_\_