



Indiana Pest Management Association

PRE-REGISTRATION SUMMER MEETING
Wyndom Gardans, Warsaw, IN
JULY 19 - 21, 2019

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 20, 2019 to:

Indiana Pest Management Association
ATTN: Mark Swihart
P.O. Box 383
North Webster, IN 46555

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 6/20/2019) _____ <i>Includes one complimentary business lunch</i>	_____
\$45 each additional person attending training meeting <i>Includes one complimentary business lunch</i>	_____
Golf Outing, 11am, Friday, July 19th (\$30/person) Rosella Ford Golf Course	_____
Friday Night Playhouse (Mamma Mia! - Award Winning Stage Show) \$25/per person	_____
CCH Meeting Saturday, July 20th, 8 a.m. (Registration opens at 7:30 a.m.) <small>CCHs available: 7 in 7A, 2.5 in 8, 2 in 7B, 1 in 3A, 1 in 3B, 1 in 7D and 1 in 12</small> 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 1-574-269-2323 and mention you are with the Indiana Pest Management Association. Our room rate is \$105/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 20, 2019, 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 _____

Questions? Call Mark @ 574.834.2834