

REGISTRATION FORM

January 15-16, 2025: OSA Mid-Winter Meeting

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

**Return form by January 06, 2025, to avoid late registration fees.
 Cancellations must also be received by January 06 for a full refund.**

January 15, 2025 = \$25.00 members or \$50 non-members

Refreshments and drinks are included. Past-President Reception: beverages and heavy hors d'oeuvres.

January 16, 2025 = \$75.00 or \$150 non-members

Breakfast and lunch are included.

Let us know about any food allergies or sensitivities, or special dining considerations.

BOTH DAYS = \$100.00 or \$200 non-members

List name and contact information as it should be included on the name badge and in the attendee list.

Name:		<input type="checkbox"/> Jan-15	<input type="checkbox"/> Jan-16	<input type="checkbox"/> Jan-15 & 16
Email:		Phone:		
Name:		<input type="checkbox"/> Jan-15	<input type="checkbox"/> Jan-16	<input type="checkbox"/> Jan-15 & 16
Email:		Phone:		
Name:		<input type="checkbox"/> Jan-15	<input type="checkbox"/> Jan-16	<input type="checkbox"/> Jan-15 & 16
Email:		Phone:		
Name:		<input type="checkbox"/> Jan-15	<input type="checkbox"/> Jan-16	<input type="checkbox"/> Jan-15 & 16
Email:		Phone:		
Name:		<input type="checkbox"/> Jan-15	<input type="checkbox"/> Jan-16	<input type="checkbox"/> Jan-15 & 16
Email:		Phone:		
Name:		<input type="checkbox"/> Jan-15	<input type="checkbox"/> Jan-16	<input type="checkbox"/> Jan-15 & 16
Email:		Phone:		

Duplicate page if more space is needed.

Total Attendees:

	# of attendees		Subtotal
Members	_____	Day 1 \$25.00	\$ _____
	_____	Day 2 \$75.00	\$ _____
	_____	Both \$100.00	\$ _____
Non-Members	_____	Day 1 \$50.00	\$ _____
	_____	Day 2 \$150.00	\$ _____
	_____	Both \$200.00	\$ _____

Exhibit Booth: 8' skirted table, chair **\$200** **Subtotal:** \$ _____
(If purchased separately from the 2025 sponsor package. Electricity hookup extra.)

TOTAL REGISTRATION FEES DUE: \$ _____

Payment: Refunds not available after January 06, 2025

- Check to: Oregon Seed Association enclosed or will follow promptly
- Credit Card # _____ CVC #: _____ Exp.: _____
Name on Card: _____ Billing Zip Code: _____
- Invoice me (OSA members only; payment due within 30 days). List address if different than above:

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Return the registration form with a check to:

Oregon Seed Association
PO Box 262
Tangent, OR 97389

or

Email for invoicing, which allows online and credit card payments to:

info@oregonseed.org

Questions?

Karen Withers
Interim Executive Director
503-767-8232
info@oregonseed.org