



**DGA 2012 WINTER CONFERENCE**  
 January 18—20, 2012  
 Hyatt Regency Mission Bay  
 San Diego, CA

## REGISTRATION FORM

**REGISTER BY DECEMBER 25th AND SAVE ON REGISTRATION**

**\*\*ONE Conference Registrant per form\*\***

### CONTACT INFORMATION:

Registrant Name : \_\_\_\_\_  
 Print name as it should appear on badge

Name of Spouse (if attending): \_\_\_\_\_

Name of Children (if attending): \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>Is this your first DGA National Meeting?</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
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### REGISTRATION FEES:

**DGA Registration Fee includes the following:** All Seminars and Meetings, Hospitality Area Refreshments, Wednesday Welcome Reception, one Continental Breakfast, Thursday Networking Reception, and Friday Brunch.

<b>MEMBER Registration Fee</b>	_____ # persons	<b>by Dec. 25th</b>	@ \$365.00	\$ _____
<i>(Includes ALL listed above)</i>	_____ # persons	<b>After Dec. 25th</b>	@ \$395.00	\$ _____

<b>NON-MEMBER Registration Fee</b>	_____ # persons		@ \$495.00	\$ _____
<i>(Includes ALL listed above)</i>				

<b>Multiple Registration Discount</b>	<b><u>Subtract \$20.00 per person if applicable</u></b>	- \$ _____	
<i>(Requires 3 or more registrants from the same company)</i>			<b>TOTAL \$ _____</b>

*Continued on backside....*

**GUEST TICKETS:**

(Wednesday) Welcome Reception \_\_\_\_\_ # Adult Guests @ \$35.00 \$ \_\_\_\_\_

(Thursday) Networking Reception \_\_\_\_\_ # Adult Guests @ \$35.00 \$ \_\_\_\_\_

(Friday) Brunch \_\_\_\_\_ # Spouse/Children (if any) @ 0.00 \$ FREE

& Presentation

\*Spouses May Attend for FREE\*\*

**PLEASE NOTE IF YOU PLAN TO ATTEND THE FRIDAY BRUNCH:  YES  NO**

I prefer vegetarian meals:  YES  NO Food Allergy: \_\_\_\_\_

**PAYMENT OPTIONS:**

Payment Enclosed or Please charge my:  Visa  Mastercard (AMEX not accepted)

Total Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Printed Name: (exactly as it appears on card): \_\_\_\_\_

Company Name (if Corporate card): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

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

Signature (REQUIRED): \_\_\_\_\_

*The above signed agrees to pay the charges according to the card issuer agreement.*

**FULL REFUND FOR CANCELLATIONS BEFORE WEDNESDAY, JANUARY 4TH.  
CANCELLATIONS RECEIVED JANUARY 4TH—11TH WILL BE ASSESSED A \$150.00 FEE.  
NO REFUNDS FOR CANCELLATIONS AFTER JANUARY 11TH**

**Payment must accompany registration form. Make check payable to the following....**

**DIRECT GARDENING ASSOCIATION  
5836 Rockburn Woods Way, Elkridge, MD 21075  
Phone: 410-540-9830 Fax: 410-540-9827  
Email: grow@directgardeningassociation.com Website: www.directgardeningassociation.com**

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Refund Amount: \_\_\_\_\_ Balance Due: \_\_\_\_\_  
Approval Number: \_\_\_\_\_ Reference Number: \_\_\_\_\_