



**2009 SUMMER CONVENTION
JULY 14-17
HILTON MINNEAPOLIS
MINNEAPOLIS, MN**

<p>2008 RATES OFFERED</p>
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REGISTER BY JUNE 12th AND SAVE \$\$\$

(One registrant per form – please photocopy for additional registrants)

Name of Registrant _____

Print name as it should appear on badge

Name of Spouse (if attending) _____

Name of Children (if attending) _____ Age _____

_____ Age _____

CompanyName _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax Phone _____

email _____

IF THIS IS YOUR FIRST MGA NATIONAL MEETING, PLEASE CHECK HERE / ____ /

REGISTRATION FEES

Member Registration Fee (includes everything above) _____ persons **By June 12th** @ \$345.00 \$ _____

_____ persons **After June 12th** @ \$370.00 \$ _____

Nonmember Registration Fee (includes everything above) _____ persons @ \$470.00 \$ _____

TICKETS FOR YOUR GUESTS TO ATTEND THE FUNCTIONS LISTED BELOW

* **Wednesday Welcome Reception** _____ # of adult guests @ \$35.00 \$ _____

* **Thursday Optional Tour – Bailey’s Nursery** _____ # of adult tickets @ \$10.00 \$ _____

(includes transportation & lunch) _____ # of children under 10 yrs. @ \$N/C \$ Free

* **Thursday Networking Reception** _____ # of adult guests @ \$35.00 \$ _____

_____ # of children 6 –12 yrs. @ \$10.00 \$ _____

_____ # of children 5 yrs. and under \$ Free

* **Friday Brunch** (Spouse may attend for FREE) _____ # of guests attending \$ Free

Multiple Registration Discount subtract \$20 per person if applicable - \$ _____
(Requires 3 or more registrants from same company)

TOTAL \$ _____

MGA Registration Fee includes the following: All Seminars and Meetings, Hospitality Room Refreshments, Wednesday Welcome Reception, 1 breakfast, 1 lunch, Thursday Night Networking Reception and Friday's Brunch.

Please note if you plan to attend the Friday Brunch. _____ YES _____ NO _____ #EXTRA GUESTS

I prefer vegetarian meals. _____

PAYMENT OPTIONS:

Check Enclosed *or* Please charge my: Visa or Master Card (We do not accept Amex)

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 JUNE 29th

CANCELLATIONS RECEIVED JUNE 29 – JULY 3rd WILL BE ASSESSED A \$100 FEE

NO REFUNDS FOR CANCELLATIONS AFTER JULY 4TH

Payment must accompany registration form. Make check payable to Mailorder Gardening Association.
Return to: MGA, 5836 Rockburn Woods Way, Elkridge, MD 21075
(410) 540-9830; FAX (410) 540-9827

For office use only:

Date Received _____ Check No. _____ Amount Paid _____ Refund Amt. _____ Balance Due _____

Approval No. _____ Reference No. _____

