



**ASFFPCO ANNUAL MEETING ~ Panama City Beach, Florida 2007**  
 Association of Southern Feed, Fertilizer and Pesticide Control Officials  
 June 24, 2007 - June 27, 2007

**Registration Form ~ Deadline May 23, 2007**

(Please print or type)

Name \_\_\_\_\_ Name on Badge \_\_\_\_\_  
 Spouse or Guest \_\_\_\_\_ Children (please include ages) \_\_\_\_\_  
 State/Company/Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
 Expected Arrival Date \_\_\_\_\_ Expected Departure Date \_\_\_\_\_

**First time attending an ASFFPCO annual meeting.**

**Registration Fee:**

ASFFPCO Member/\$190.00       Non-Member/\$225.00       ASFFPCO Life Member/No Charge

**\*\* After May 23, 2007, the registration fee will increase \$15.00 per registration.**

**Special Events:** (please indicate the number of tickets needed)

|  | Registrant/Life Member          | Spouse/Guest                    | Children (under 12 yrs.)                      | Total Amount |
|--|---------------------------------|---------------------------------|---|--------------|
| <b>Sunday 6/24</b><br><b>Presidential Reception</b>        | No Charge<br># of tickets _____ | No Charge<br># of tickets _____ | No Charge<br># of tickets _____               | \$ 0.00      |
| <b>Monday 6/25</b><br><b>Luncheon</b>                      | No Charge<br># of tickets _____ | N/A                             | N/A   | \$ 0.00      |
| <b>Monday 6/25</b><br><b>Breakers Dinner by the Beach</b>  | No Charge<br># of tickets _____ | \$12.00<br># of tickets _____   | \$ 6.00 (< 4 yrs. free)<br># of tickets _____ | \$ _____     |
| <b>Tuesday 6/26</b><br><b>Banquet/Dinner Cruise Outing</b> | No Charge<br># of tickets _____ | \$46.00<br># of tickets _____   | \$28.00 (< 2 yrs. free)<br># of tickets _____ | \$ _____     |

**Payment:**

You may pay using Visa \_\_\_\_\_, MasterCard \_\_\_\_\_ or Check \_\_\_\_\_. The completed form may be faxed to: 850-921-0979.

Name on card \_\_\_\_\_ Amount to charge to card \$ \_\_\_\_\_

Mailing address for credit card \_\_\_\_\_

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

Credit Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Verification Code (3 digit code on the back of your card) \_\_\_\_\_ Signature authorizing charge \_\_\_\_\_

Please Make Checks Payable to ASFFPCO (FEIN# 581585323) and mail completed form and payment to:

ASFFPCO/2007  
 c/o FLAG CU  
 3115 Conner Blvd.  
 Tallahassee, FL 32311

Questions?  
 Contact: Kelly Friend  
 Phone: 850-488-5872  
 Email: friendk@doacs.state.fl.us

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|--|
| <b>ASFFPCO USE ONLY:</b><br>Date Received _____<br>Check Number _____<br>Amount Received _____ |
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**\*\* REFUND POLICY: No refunds will be given after May 23, 2007!**