



**2010 WINTER CONVENTION
JANUARY 4-6
BALTIMORE MARRIOTT INNER HARBOR
BALTIMORE, MD**

REGISTER BY DECEMBER 4TH AND SAVE \$25!!

(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 / _____ /

MGA Registration Fee includes the following: All seminars and meetings, hospitality room refreshments, welcome reception, continental breakfast, networking reception and a buffet brunch.

REGISTRATION FEES

No. of Persons

Member Registration Fee <i>(includes everything above)</i>	_____ persons	By DEC 4th	@ \$370.00	\$ _____
	_____ persons	After DEC 4th	@ \$395.00	\$ _____
Non-Member Registration Fee <i>(inc. everything above)</i>	_____ persons		@ \$495.00	\$ _____

Attention Non-Members! If you choose to join the MGA while at the conference or shortly after, the MGA will take the \$100 additional that you paid for your conference registration and put it towards your dues. So, you basically save \$100 of the price of your dues!

TICKETS FOR YOUR GUESTS!

* Monday Welcome Reception <i>(includes 2 drink tickets)</i>	_____ adult guest	@ \$45.00	\$ _____
* Tuesday Cocktail Party <i>(includes 1 drink ticket)</i>	_____ adult guest	@ \$35.00	\$ _____
* Wednesday Brunch <i>(Spouse may attend for FREE)</i>	_____ spouse/guest		\$ <u>Free</u>

Multiple Registration Discount subtract \$20 per person if applicable - \$ _____

(requires 3 or more registrants from same company)

TOTAL \$ _____

Please note if you plan to attend the Wednesday Brunch. _____ YES _____ NO

Food Allergies? _____

Vegetarian? _____ yes

.....
_____ YES, I WOULD LIKE TO PARTICIPATE IN THE PRODUCT AND SERVICE
SHOWCASE ON TUESDAY AFTERNOON from 2:30 – 4:00 pm
(5 - 6 minute intervals per participant, limited space available)
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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.

CANCELLATION POLICY –

FULL REFUND FOR CANCELLATIONS BEFORE DECEMBER 18th

CANCELLATIONS RECEIVED BETWEEN DEC. 19 – 25 WILL BE ASSESSED A \$100 FEE

NO REFUNDS FOR CANCELLATIONS AFTER DEC 25TH

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. _____