



**Mailorder
Gardening
Association**

**2009 WINTER CONVENTION
JANUARY 5-7
MARRIOTT INNER HARBOR AT CAMDEN YARDS
BALTIMORE, MD**

REGISTER BY DECEMBER 1ST 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 / ____ /

MGA Registration Fee includes the following: All seminars and meetings, hospitality room refreshments, welcome reception with two cocktails, 1 breakfast, a dinner/party with two cocktails and a brunch.

REGISTRATION FEES

Member Registration Fee <i>(includes everything above)</i>	_____ persons	By Dec 1st @ \$370.00	\$ _____
	_____ persons	After Dec 1st @ \$395.00	\$ _____
Nonmember Registration Fee <i>(includes everything above)</i>	_____ persons	@ \$490.00	\$ _____

TICKETS FOR YOUR GUESTS!

* Monday Welcome Reception <i>(includes 2 drink tickets & hors d'oeuvres)</i>	_____ adult guest	@ \$45.00	\$ _____
* Tuesday Dinner/Party <i>(includes 2 drink tickets and Dinner)</i>	_____ adult guest	@ \$80.00	\$ _____
* Wednesday Brunch & Consumer Panel <i>(Spouse may attend for FREE)</i>	_____ # guests attending		\$ <u>Free</u>

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

TOTAL \$ _____
OVER →

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

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 DECEMBER 19TH
CANCELLATIONS RECEIVED DECEMBER 22-26 WILL BE ASSESSED A \$100 FEE**

NO REFUNDS FOR CANCELLATIONS AFTER DECEMBER 29, 2008

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. _____