



# AMERICAN CONIFER SOCIETY MEETING REGISTRATION

## Northeast Regional Meeting – October 12-14, 2018

Registration deadline: September 12, 2018. No registrations at the door.  
**NOTE: Hotel special rate only guaranteed through September 20, 2018**

**Please enter your name(s) and company information as you would like it to appear on your name tag(s).**

▲ Name 1/ Company if applicable	▲ Name 2/ Company if applicable
▲ Address for Confirmation letter	▲ Address for Confirmation letter
▲ City/ State/ Zip Code	▲ City/ State/ Zip Code
▲ Email address and daytime phone number	▲ Email Address and daytime phone number

**PLEASE COMPLETE THIS SECTION FOR EACH PERSON REGISTERING**

**First Registration (Name 1)**

**Second Registration (Name 2)**

- ▶ Is this your first Meeting Yes No
- ▶ Are you bringing plants for the auction? Yes No
- ▶ Will you volunteer during the meeting? Yes No  
We will contact you in advance

- ▶ Is this your first Meeting Yes No
- ▶ Are you bringing plants for the auction? Yes No
- ▶ Will you volunteer during the meeting? Yes No  
We will contact you in advance

▶ Menu Preference – please circle **one**

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**Lunch - Sat** sandwiches:

roast beef | ham&swiss | grilled veggies | turkey |  
or | gluten-free option |

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roast beef | ham&swiss | grilled veggies | turkey |  
or | gluten-free option |

**Dinner - Sat**

vegetarian lasagna | chicken | Maryland crab cakes |

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**MEETING REGISTRATION FEES**

Registrations **postmarked by September 12** ---- \$225.00 ea. x \_\_\_\_ attendee(s) \$ \_\_\_\_\_

Not a member? Join the ACS for one year for only \$38..... \$ \_\_\_\_\_

Optional tax deductible contributions to:

General Operating Fund	\$ _____
Endowment Fund	\$ _____
Jean Iseli Memorial Fund	\$ _____
Research Fund	\$ _____

**Total Enclosed (Thank You!) \$ \_\_\_\_\_**

**Cancellation fee \$25 per person. ~ No refunds after September 22, 2018**

**Method of Payment** (Please make checks payable to ACS Northeast Region)

Check or Money Order # \_\_\_\_\_ **OR**  Visa  MasterCard  Discover  American Express

Your name as it appears on credit card \_\_\_\_\_

Credit Card Number	Security Code	Expiration Date	Signature	Date
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**Mail form and check to: Ed Williams, Registrar, P.O. Box 593, Columbia, CT 06237-0593, T: 860.228.9653**

Make your hotel reservations soon – special rate of \$109+tax, guaranteed through September 20, 2018  
**Hilton Hotel/Rockville 1750 Rockville Pike, Rockville, MD 20852 [www.HiltonRockville.com](http://www.HiltonRockville.com)**  
**Call 1-800-HILTONS (445-8667) or the hotel directly at 301-468-1100**