

## 2019 CSA Mid Year Registration Form

October 7-8 at the Hyatt Regency Hotel & Spa



**Registration Fee:** The registration fee includes admittance to all meeting sessions, materials, coffee breaks, reception and lunch with keynote speaker. Separate payment is required for participation in the Monday Golf and Bocce Tournaments.

**New Attendee Session:** This new session is complimentary but can only be used in conjunction with a full paid registration with participant from the same company. **Spouse/Guest** of a paid registrant who are not company representatives need not pay a registration fee; however, spouses/guests who wish to participate in the luncheon, golf or bocce tournaments requires separate payment to those events. Monday evening reception is complimentary to spouses/guests.

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

A t t e n d e e s	Participant(s) Name(s):	Member \$260.00 ea.	Non-Member \$295.00 ea.	New Attendee <i>No Charge</i> <i>Add'l. Employee Only</i>	Golf \$150.00	Bocce \$150.00	Sponsorship Opportunities
	1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

r e s t o	Amount	Total Fees: Registration: \$ _____ Other: \$ _____  Total: \$ _____	PAYMENT METHOD: <input type="checkbox"/> Check payable to "CSA" _____ <input type="checkbox"/> Credit Card: _____ Visa _____ Mastercard _____ Amex Billing Address ZipCode: _____ Card No. _____ Exp. _____ Verify # _____ Signature: _____
	<input type="checkbox"/> Bocce Lunch/Refresh/Observe @ \$50.00 ea. \$ _____  <input type="checkbox"/> Extra Tues. Lunch Tickets @ \$50.00 ea. \$ _____		

Contributions or gifts to CSA are not deductible as charitable contributions. Call the Hyatt Monterey Hotel & Spa directly for room reservations by Sept. 13th (800) 233-1234 Rate \$179.00  
**Return Form to: California Seed Association 1521 "I" Street, Sacramento, CA 95814 Phone: (916) 441-2251 Fax: (916) 446-1063**