

2024 CSA Mid Year Registration Form



October 8-9 at the InterContinental The Clement Monterey

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 Tuesday Golf and Bocce Tournaments.

Spouse/Guest of a paid registrant who is not a company representative 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. Tuesday 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 \$315.00 ea.	Non-Member \$375.00 ea.	Golf \$175.00	Bocce \$175.00	Sponsorship Opportunities
	1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Platinum Level @ \$1,500.00 \$ _____ <input type="checkbox"/> Gold Level @ \$1,000.00 \$ _____ <input type="checkbox"/> Silver Level @ \$750.00 \$ _____ <input type="checkbox"/> Bronze Level @ \$500.00 \$ _____ <small>*Any of the above includes name recognition at both events</small>
	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Golf Hole @ \$200.00 \$ _____ <input type="checkbox"/> Bocce Sponsor @ \$200.00 \$ _____
	3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Coffee Break @ \$500.00 \$ _____ <input type="checkbox"/> Reception @ \$750.00 \$ _____
	4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Speaker Sponsor @ \$1,000.00 \$ _____ <input type="checkbox"/> Major Sponsor @ \$1,500.00 \$ _____
	5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

r e s t o	<input type="checkbox"/> Bocce Lunch/Refresh/Observe @ \$50.00 ea. \$ _____ <input type="checkbox"/> Extra Wed. Lunch Tickets @ \$50.00 ea. \$ _____	Amount 	Total Fees: Registration: \$ _____ Other: \$ _____ 3% \$ _____ Total: \$ _____	PAYMENT METHOD: (3% Processing Fee) <input type="checkbox"/> Check payable to "CSA" <input type="checkbox"/> Credit Card: _____ Visa _____ Mastercard _____ Amex Billing Zip Code: _____ Verify # _____ Card No. _____ Exp. _____ Print Name: _____ Signature: _____
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Contributions or gifts to CSA are not deductible as charitable contributions. Call the InterContinental The Clement Hotel directly for room reservations by Sept 16th (888) 666-5734 Rate \$319.00
Return Form to: California Seed Association 1521 "I" Street, Sacramento, CA 95814 Phone: (916) 441-2251 Fax: (916) 446-1063