

# 2025 CSA Annual Convention March 16-19 ~ Registration Form

**CONVENTION PARTICIPANT REGISTRATION** includes admittance to all Convention Sessions, Receptions, Breaks, Tuesday Night President's Banquet and Wednesday breakfast. Separate tickets must be purchased for participation in the Optional Events such as Golf, Bocce Ball, Mai Tai and Fluid Art.

**SPOUSES OR GUESTS** The option to buy a couple package will cover a spouse/guest who wish to participate in all group meal functions and meetings; however for the optional events, tickets must be purchased separately.

**HOTEL** The Waikoloa Beach Marriott Resort & Spa located at 69-275 Waikoloa Beach Drive, Waikoloa, HI 96738-5711 (808) 886-6789

**COMPANY INFORMATION:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration Packages:** include—Meeting Sessions, Breaks, Receptions, President's Banquet on Tuesday and Breakfast on Wednesday Per Person

<b>Names for Badges:</b>	<b>Member Single Package @ \$595.00</b>	<b>Member Couple Package @ \$895.00</b>	<b>Non Member Single Package @ \$775.00</b>	<b>Non Member Couple Package @ \$1,100.00</b>
Industry Rep. _____ Spouse/Guest _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Rep. _____ Spouse/Guest _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Rep. _____ Spouse/Guest _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Extra Tickets:**

	<b>Sunday Eve. Recp. @ \$85.00</b>	<b>Monday Eve. Recp. @ \$85.00</b>	<b>Tuesday President's Banquet @ \$200.00</b>	<b>Wednesday Breakfast @ \$80.00</b>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Optional Events:**

<b>Participants Name(s):</b>	<b>Golf w/lunch \$225.00</b>	<b>Bocce play/lunch \$200.00</b>	<b>Bocce observe/lunch \$50.00</b>	<b>Optional Classes (limit 24 people) \$150.00</b>
1. _____	<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"/>
3. _____	<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"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PAYMENT METHOD:**

Check payable to "California Seed Association"   
  Send Invoice    (3% processing fee for credit cards)   
 **Total:** \_\_\_\_\_

Credit Card:    \_\_\_ VISA    \_\_\_ Mastercard    \_\_\_ American Express    \_\_\_ Discover

Card No: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address ZipCode: \_\_\_\_\_ Email Receipt to: \_\_\_\_\_

Return form to: California Seed Association, 1521 I Street, Sacramento, CA 95814 or fax (916) 446-1063  
 You can also email your registration form to [donna@agamsi.com](mailto:donna@agamsi.com) or register on-line at [www.calseed.org/events.html](http://www.calseed.org/events.html)