

**REGISTRATION FORM NEEDED FOR EACH ATTENDEE**  
**INDIVIDUALS ARE NOT CONSIDERED REGISTERED UNTIL FULL PAYMENT IS RECEIVED**

ATTENDEE NAME \_\_\_\_\_ IS THIS YOUR FIRST SAF CONVENTION?  YES  NO

NICKNAME (FOR BADGE) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

*Do you require special accommodations to participate in SAF Palm Springs 2007, such as accessible meeting room, interpreter, or special dietary considerations? If yes, please attach a written description of your needs.*

## FEE INFORMATION

FULL REGISTRATION FEE PRICING	POSTMARKED BY AUGUST 24	POSTMARKED AFTER AUGUST 24	ON SITE
<input type="radio"/> SAF Member Fee	\$750	\$800	\$850
<input type="radio"/> Non Member Fee	\$900	\$950	\$1,000

**REGISTER BEFORE AUGUST 24 AND SAVE \$50**

## OPTIONAL EVENTS NOT INCLUDED IN FEES ABOVE

- American Floral Endowment Dinner \$150
- Tennis Tournament \$75

## PAYMENT

Registration Payment \$ \_\_\_\_\_

Optional Events Payment \$ \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

**CONVENTION REGISTRATION REFUND POLICY**  
 THE REGISTRATION FEE, LESS 15 PERCENT HANDLING CHARGES, WILL BE REFUNDED IF CANCELLATION IS RECEIVED IN WRITING BY SAF ON OR BEFORE AUGUST 31. THERE ARE NO REFUNDS AFTER AUGUST 31.

- CHECK  VISA  MASTERCARD  AMERICAN EXPRESS

NAME OF CARDHOLDER \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SIGNATURE OF CARDHOLDER \_\_\_\_\_

## OPTIONAL SAFPAC GOLF TOURNAMENT

- The tournament is an event for SAFPAC, the floral industry's political action committee. For more information, check here or contact SAF's Samm Malone at (800) 336-4743; smalone@safnow.org



## FOUR EASY WAYS TO REGISTER:

- PHONE **(800) 336-4743**
- WEB **www.safnow.org**
- FAX **(703) 836-8705**
- MAIL **1601 Duke Street, Alexandria, VA 22314-3406, USA**  
**Attn: Meetings Department**

## SAF USE ONLY

DATE \_\_\_\_\_ ID # \_\_\_\_\_ REG # \_\_\_\_\_ INIT \_\_\_\_\_