

**WESTERN FOREST INSECT
WORK CONFERENCE 2017**

REGISTRATION FORM

Updated 3/9/17

**May 2-4, 2017
Snow King Lodge,
Jackson Hole, Wyoming**

Name: _____ Organization: _____

Name for name tag (if different) _____

Address: _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone: _____ Email: _____

Participant Registration

Early registration rates good through April 7. The registration fee includes course admission and materials, opening reception Monday evening, continental breakfast Tuesday and Thursday, boxed lunch and tour Wednesday, Banquet Wednesday evening, refreshment breaks.

| | Early | Late |
|------------------|--------------------------------|--------------------------------|
| Regular Attendee | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$400 |
| Student Attendee | <input type="checkbox"/> \$90 | <input type="checkbox"/> \$120 |
| Retiree | <input type="checkbox"/> \$215 | <input type="checkbox"/> \$300 |

Vendor booth (table top display) \$200
(proceeds go to the Memorial Scholarship Fund)

| Guest Registration: | Opening Reception | Banquet | Tour/ Boxed Lunch |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Name: | \$25 | \$65 | \$30 |
| 1 _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Wednesday Tour transportation:

() I need bus transportation for myself and guest(s) for the Wednesday tour.
() I will use my own transportation for the Wednesday tour.

Donation to Memorial Scholarship Fund \$ _____

TOTAL AMOUNT DUE: \$ _____

Dietary or Disability restrictions:

Reasonable requests for dietary or disability restrictions must be received 14 days or more before to the event.

Please specify accommodations for persons with disabilities, if any:

Please indicate if you have any required dietary restrictions/allergies we need to be aware of when planning and placing our catering orders.

| | Myself | Guest1 | Guest 2 | Guest 3 |
|------------------|--------|--------|---------|---------|
| Vegetarian | () | () | () | () |
| Vegan | () | () | () | () |
| Celiac-No Gluten | () | () | () | () |
| Allergy * | () | () | () | () |

*If you have checked Allergy/Other, please specify your allergy below. This is not a preference, but a medical/health restriction you'd like us to be aware of when communicating catering needs with the facility.

Please specify Allergy:

FIVE WAYS TO REGISTER:

REGISTER ONLINE at <http://wfiwc.org> (preferred)

Or send in this completed form with payment:

MAIL: Conference Registration Services
Utah State University
5005 Old Main Hill
Logan UT 84322-5005

FAX: 435-797-0636 (24 Hours)

PHONE: toll free 800-538-2663 or 435-797-0423

E-MAIL: register.online@usu.edu

METHOD OF PAYMENT

Check payable to:

WFIWC c/o Utah State University Conference Services

Purchase order # _____ (please attach copy)

Credit card transactions, call:

800-538-2663 or 435-797-0423

CANCELLATION & REFUND POLICY:

Due to financial commitments made by the organization for meeting space and other commitments, there are no refunds, however substitutions are accepted with a \$35 processing fee.

I acknowledge that I have read and accept the cancellation and refund policy (required)