

**2010 Indiana Arborist Association Annual Conference
REGISTRATION FORM**

PERSONAL INFORMATION (Please print)					
Last Name:		First Name:		Middle Initial:	
Preferred Name on Badge:					
Please send membership information to (check one): <input type="checkbox"/> Home <input type="checkbox"/> Business			Daytime Phone No.:	Fax No.:	
Home Address:			Business Address:		
City:	State:	Zip:	City	State:	Zip:
Employer:			Email:		

MEMBERSHIP DUES If you register to become a member of IAA on this registration form, you will receive the IAA conference member rate	On or Before 12/18/09	After 12/18/09	TOTAL
2010 IAA Membership Dues	\$40	---	
PRE-CONFERENCE FEES (TUESDAY ONLY) These fees are separate and additional to the full conference rate			
Up By Roots - Jim Urban	\$100	\$150	
First Aid & CPR (Full Day)	\$75	\$112.50	
CPR (Tuesday Morning)	\$40	\$60	
First Aid (Tuesday Afternoon)	\$40	\$60	
Climbing for Efficiency & Safety - Michael Tain	\$100	\$150	
FULL CONFERENCE (WEDNESDAY & THURSDAY ONLY) These fees do not include the pre-conference fees Continental breakfast & lunch provided			
IAA Member Rate	\$250	\$300	
Non-Member Rate	\$325	\$375	
Retiree Rate	\$125	\$125	
Student Rate (full-time student with picture ID)	\$25	\$25	
SINGLE DAY			
Please check which day : <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	IAA Member Rate	\$175	\$225
Please check which day : <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	Non-Member Rate	\$250	\$275
TRADE SHOW ONLY (No meals, workshops, or conference program)	\$50	---	
SPOUSE REGISTRATION & TRADE SHOW ASSISTANT Wednesday & Thursday meals only	\$125	\$125	
		TOTAL	

METHOD OF PAYMENT	
Mail Registration & Payment to: Lindsey Purcell, 195 Marsteller St., FORS 110, West Lafayette, IN 47907-2033 For Credit Card or Purchase Order only: Email to lapurcel@purdue.edu or fax to 765-496-2422	
<input type="checkbox"/> Check Enclosed, payable to Indiana Arborist Association	<input type="checkbox"/> Purchase Order - Number _____
<input type="checkbox"/> Credit Card: Please charge my (check one) <input type="checkbox"/> Visa <input type="checkbox"/> AmEx <input type="checkbox"/> MasterCard	
Card Number:	Expiration Date:
Name as it appears on card:	
Signature: _____	
Payment Address (required for processing):	