

Registration Form

2004 ASLA Annual Meeting & EXPO

Complimentary Registration: Media

Please complete pages one and two of this registration form.

Name: _____
First *MI* *Last*

Nickname for Badge: _____

Title: _____

Publication /Media Outlet Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Fax: _____

Email: _____

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NOTE:

Only one guest per form. Complimentary registration is offered to invited members of the press. One complimentary registration per publication/media outlet. Ticketed tours and events are offered at ASLA membership prices. Valid form of payment required for such charges. See page two of this form for list of ticketed tours and events.

Total Registration Rate(s):

- Your Registration Fee \$ 0.00
- Tours and Events Pricing on Page Two \$ _____

Subtotal \$ _____

Registration Form

Friday, October 29

	Early Bird/After Sept. 20	QTY	Total
F0 <input type="checkbox"/> Public Landscape Architecture Forum	Free with Registration		
F1 <input type="checkbox"/> Public Landscape Architecture Forum (ASLA Member)	\$25/\$35	X _____	\$ _____
F1a <input type="checkbox"/> Public Landscape Architecture Forum (Non-member)	\$50/\$60	X _____	\$ _____
M1 <input type="checkbox"/> Developing More Sustainable Land Use Plans	\$35/\$45	X _____	\$ _____
M2 <input type="checkbox"/> Critical Lands Conservation in Utah	\$30/\$40	X _____	\$ _____
M3 <input type="checkbox"/> Therapeutic Gardens at Salt Lake Regional Hospital	\$45/\$55	X _____	\$ _____
M4 <input type="checkbox"/> From Copperton to Daybreak and Beyond	\$50/\$60	X _____	\$ _____
M5 <input type="checkbox"/> Building as Landscape	\$15/\$25	X _____	\$ _____
M6 <input type="checkbox"/> Adopting a Landscape as One's Own	\$30/\$40	X _____	\$ _____

Friday Professional Tours: Please indicate the tour(s) in which you and/or your registered guest plan to participate. Friday tour codes and descriptions may be found on pages 13 – 15.

Code	Tour Title	Price	Quantity	Total
1. _____	_____	\$ _____	X _____	= \$ _____
2. _____	_____	\$ _____	X _____	= \$ _____
3. _____	_____	\$ _____	X _____	= \$ _____

LAF Benefit Dinner – Order tickets online at www.lafoundation.org/stargazergala or by calling 202-331-7070.

Saturday, October 30

	Early Bird	After Sept. 20		
F2 <input type="checkbox"/> ASLA Awards Luncheon	\$50	\$60	X _____	= \$ _____
F3 <input type="checkbox"/> Golden Spike Gala	\$55	\$65	X _____	= \$ _____
F4 <input type="checkbox"/> Student – Golden Spike Gala	\$45	\$55	X _____	= \$ _____

Sunday, October 31

	Early Bird	After Sept. 20		
F5 <input type="checkbox"/> Historic Preservation PI Group Reception	\$45	\$55	X _____	= \$ _____
F6 <input type="checkbox"/> Council of Fellows Reception/Dinner	\$80	\$90	X _____	= \$ _____
F7 <input type="checkbox"/> Night in the Park City Mountains	\$20	\$30	X _____	= \$ _____

Monday, November 1

	Early Bird	After Sept. 20		
F8 <input type="checkbox"/> Council of Fellows Business Luncheon	\$40	\$50	X _____	= \$ _____
F9 <input type="checkbox"/> Closing Dinner Coupon*	\$60	\$70	X _____	= \$ _____

*Professional and Guest registrants receive one complimentary coupon with registration. Professional registrants may purchase up to two additional coupons and Student registrants may purchase up to two coupons.

Tuesday, November 2

Tuesday Professional Tours: Please indicate the tour(s) in which you and/or your registered guest plan to participate. Tuesday tour codes and descriptions may be found on pages 47 – 49.

Code	Tour Title	Price	Quantity	Total
1. _____	_____	\$ _____	X _____	= \$ _____
2. _____	_____	\$ _____	X _____	= \$ _____
3. _____	_____	\$ _____	X _____	= \$ _____

	Early Bird	After Sept. 20	
F10 <input type="checkbox"/> Host Chapter Golf Tournament	\$70	\$80	\$ _____
<input type="checkbox"/> ASLA Fund Donation			\$ _____
Subtotal (from previous page)			\$ _____
TOTAL Registration Rate(s) + Tickets			\$ _____

Method of Payment:

Check enclosed. (payable to ASLA) – US funds only.

Charge: VISA MasterCard American Express

Credit Card No.: _____

Exp. Date: _____

Print name as it appears on card: _____

(print clearly)

Signature: _____

Credit Card Billing Address:

MAIL or FAX with payment:

Via US Postal Service to:

Dan Sullivan
 C/O ASLA
 636 Eye St., NW
 Washington, DC 20001
 Phone: 202-216-2371

Via Fax: (credit card payment only; do not mail original):
 202-842-0861 - ATTN: Dan Sullivan