2004 ASLA Annual Meeting & EXPO
Early Registration Form

Only one full primary registrant (and spouse/guest) per form. Only one spouse/guest per full primary registrant. Member rates apply to current ASLA members only. Forms without payment or incomplete forms cannot be processed.

PRIMARY REGISTRATION:

Are you an ASLA member? ❑ Yes ❑ No

ASLA member # _____

❑Mr. ❑Ms.

_____
Name (First, M.I., Last)

_____
Nickname for Badge

_____
Title

_____
Firm/Organization

_____
Mailing Address

_____
Mailing Address

_____
City/State/Zip

_____
Daytime Phone

_____
Fax

_____
E-mail Address

Please indicate disability requiring special assistance:

_____

_____

Firm or Employer Type (check all that apply):

❑ Landscape Architecture Firm
❑ Campus Planning Office
❑ Other Private Sector Organization
❑ Private Non-Profit
❑ Academic Institution
❑ Architecture, Engineering, or Multi-Disciplinary Firm
❑ Design/Build Firm
❑ Federal Government
❑ Local Government
❑ Supplier/Manufacturer
❑ Student
❑ Other:_____

Are you a firm principal? ❑ Yes ❑ No

GUEST REGISTRATION: (limit one)

❑ Mr. ❑ Ms.

_____
Name (First, M.I., Last)

_____
Nickname for Badge

_____
Mailing Address

_____
City/State/Zip

FEE SCHEDULE: (check appropriate box/es)

FULL MEETING	EARLY BIRD RATE 09/20/04 RECEIPT	ONSITE RATE
❑ ASLA Member	$390	$490
❑ Nonmember+	$790	$890
❑ Guest	$115	$135
❑ Premier Guest	$390	$490
❑ Student	$125	$145
❑ Student Nonmember*	$170	$190

ONE-DAY—please indicate day below.
I will attend: ❑ Friday ❑ Saturday ❑ Sunday ❑ Monday ❑ Tuesday

❑ One-Day Member Rate	$210
❑ One-Day Nonmember Rate	$400
❑ One-Day Guest Rate	$ 60
❑ One-Day Premier Guest Rate	$210
❑ One-Day Student Rate	$ 70
❑ One-Day Student Nonmember Rate*	$ 90

+Includes one-year ASLA membership
*Nonmember students must include a copy of a student ID for either the 2003/2004 or the 2004/2005 year to be eligible for the student registration rates.

Total Costs:

Your Registration Fee $_____
Guest Registration Fee $_____
Grand Total: $_____

TOURS AND TICKETED EVENTS

You will receive a supplemental registration form later in 2004, enabling you to register for tours and ticketed events.

METHOD OF PAYMENT: (select one)

❑ Check made payable to ASLA (U.S. Funds Only)
❑ Purchase Order #_____
P.O. must be attached. Only accepted from federal, state, and municipal government agencies or state education institutions.

❑ Credit Card (check one)
❑ Visa ❑ MasterCard ❑ American Express

Card #
☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date:
☐☐/☐☐

_____
Signature

_____
Cardholder's Name

_____
Credit Card Billing Address

_____

Mail to:
American Society of
Landscape Architects
636 Eye Street, NW
Washington, DC 20001
Phone: 202-898-2444

Fax to:
202-898-0342
Fax credit card payments only.
If you fax form, DO NOT
mail original.