2008 Native Orchid Conference Registration

Name (s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Email:** _____

Name Tag Preference (s): _____

I Plan to Attend: ____ Friday presentations ____ Saturday field trip

____ Sunday presentations ____ Monday field trip

____ I would like information on or a reservation form for University housing.

____ I would like space to sell items at the conference. (If checked yes, please indicate what you want to sell. Space will be limited.)

____ I would like to present a talk or make a poster presentation at the conference. (If checked yes, please list the topic and overview of your talk on the back of the form. If schedule time is available, talks will be limited to 30 minutes.)

Note: If you check yes on either of the last two items above, someone from the conference will follow-up with you by phone or email to discuss details.

Optional Credit Card Payment (please read note to the right):

Check Which Type of Card: _____ VISA _____ MasterCard

Credit Card Number: _____ Expiration Date: ____ /____
Month Year

Signature of Cardholder: _____

Please mail this form along with your payment to:

Native Orchid Conference
P. O. Box 29010
Greensboro, NC 27429-9010

Note:

The conference cost is $100 US per person or $175 US per couple. Payment can be made by check or money order **drawn on a US bank** or by credit card and must be included with this registration form. Payment receipt will be acknowledged in writing.

For your convenience we can now accept VISA or MasterCard payments for the conference; however, there is a charge associated with these transactions. To cover this expense, we will add a $5.00 processing fee per transaction. With your signature you agree to this fee unless you state otherwise.

There is a 75% refund of the registration fee available if **written cancellation notice is received prior to 4 July 2008.**

Please make checks or money orders payable to:

Native Orchid Conference, Inc.