

PINE CHEMICALS ASSOCIATION

2017 Spring Meeting

Villas at Grand Cypress – Orlando, FL

19 April 2017 to 21 April 2017

MEETING

REGISTRATION FORM

Hotel Reservations: Each attendee is responsible for booking his/her own hotel reservation at the:

Villas at Grand Cypress

Reservations can be made by phone or fax. Visit www.pinechemicals.org, click on **Spring Meeting Hotel Info** for more information and/or to download the hotel room reservation form.

If paying by credit card or wire transfer, return by:
Email: amanda.young@pinechemicals.org
or **Fax: 404-994-6267**

Payments by **check**, should be sent to:

Pine Chemicals Association, Inc.
P.O. Box 17136
Fernandina Beach, FL 32035

Registration Fees

| Category | By February 28th | After February 28 | |
|-----------------------------------|------------------|-------------------|---|
| Individual PCA Member | \$ 1,150.00 | \$ 1,200.00 | Enter Member Fee > <input type="text"/> |
| Individual Non-Member rate | \$ 1,350.00 | \$ 1,400.00 | Enter Non-Member Fee > <input type="text"/> |
| Spouse/Guest Attending | \$ 250.00 | \$ 275.00 | Enter Spouse/Guest Fee > <input type="text"/> |

ONSITE Delegate rate \$ 1,450.00 (no member discount available) Spouse/Guest Attending \$ 300.00

TOTAL AMOUNT (US\$)

Tell Us Who You Are

Last Name (Surname or Family Name) First Name (Given Name) Preferred Badge Name (If Different from first)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Job Title Work Phone

Company Fax Phone

Street Address

City - State - Postal Code - Country

E-Mail Address

Web Site (URL)

Golf Tournament Participant

YES

NO

What is your golf handicap? ____ If you do not have a handicap, what do you typically score? ____

Spouse/Guest Information

Last Name (Surname or Family Name) First Name (Given Name) Badge Name (If Different from first)

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

E-mail Address

Enter Your Payment Option (check one)

I have enclosed a check for the "Total Amount" shown above

I will send payment by wire transfer (A fee of \$25 will be added. See instructions on Spring Meeting website under "Registration")

Please charge the "Total Amount" shown above to my (circle one) American Express MasterCard Visa Discover Diners Club

Credit Card Number Exp Date (mm/yyyy) Card Security Code

Name as it appears on Card

Signature of Cardholder