

WESTERN SEED ASSOCIATION

118TH Annual Convention

November 4 -7, 2017

Westin Crown Center Hotel, Kansas City, MO

CONVENTION REGISTRATION FORM

Company Name: _____

City/State/Country: _____

BADGE INFORMATION (Please print legibly)

Names of Individuals Attending

City/State/Country

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ATTENDEE REGISTRATION

WSA Member(s) _____ @ \$ 100.00 each = _____

WSA Member(s) Spouse/Guest _____ @ \$ 65.00 each = _____

Non-Member(s) of WSA _____ @ \$ 225.00 each = _____

Non-Member(s) Spouse/Guest _____ @ \$ 130.00 each = _____

All payments must be in U.S. Funds **Total Amount Enclosed \$** _____

Registration fee includes WSA social hours; Monday evening banquet and program;
and ASTA events. Spouse/guest registration also includes the spouse/guest event.

Please provide number attending: Banquet _____ Spouse/Guest Event _____

Mail payment and Registration Form by October 1 to: Western Seed Association
13 Prairie Vista Court
Bloomington, IL 61704

If any questions, contact Susan Smart at 309-664-0606 Fax: 309-664-0607
E-mail: sa.smart@frontier.com Web site: www.westernseedassociation.org