

USAEDC FY2016 ATTACHÉ SEMINAR– REGISTRATION
Thursday, July 14, 2016

Organization: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Telephone number: _____ Fax number: _____
 Web Site: _____ Office Contact: _____
 Contact's telephone number (if different from above): _____

**PLEASE NOTE: THERE IS A SEPARATE RESERVATION FORM
 FOR THE ATTACHÉ CONSULTATIONS**

| Attendee's Name | Title |
|-----------------|-------|
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Seminar Participant Registration Fees (includes Reception):

USAEDC Members: \$250/person
 FAS/APHIS Participants: \$250/person
 Non-members: \$1,000/person
 Vendors: \$1,000/person (with stipulations)

If attending **Only** the Thursday Reception
 and **not** the seminar:

Thursday Reception fee: \$50/person

Total Number of Seminar attendees: _____ @ \$ _____ /person = \$ _____

Total Number of Reception **only**: _____ @ \$ _____ /person = \$ _____

Total Registration Payment: \$ _____

_____ Enclosed is our payment of \$ _____

_____ Please charge the credit card: _____ VISA _____ MasterCard (A \$5.00 administrative fee will be applied.)

Card Number: _____ Exp. Date: _____ CVV _____

Signature: _____

Printed Name/Title: _____

Please transmit this form and your payment to USAEDC for receipt by June 27, 2016.
 (Mail it with your check/e-mail it with your credit card payment.)

Cancellation Policy: *If notice is given by May 27, 2016, a member will receive a 100% refund.
 If notice is given May 28, 2016 - June 30, 2016, a member will receive a 50% refund.
 After June 30, 2016, no refund will be given.*