

**USAEDC FY2017 ATTACHÉ SEMINAR– REGISTRATION**  
**Thursday, July 13, 2017**

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

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 26, 2017.  
 (Mail it with your check/e-mail it with your credit card payment.)

**Cancellation Policy:** *If notice is given by May 26, 2017, a member will receive a 100% refund.  
 If notice is given May 27, 2017 - June 29, 2017, a member will receive a 50% refund.  
 After June 29, 2017, no refund will be given.*