



The International Society of Precision Agriculture presents the

12th International Conference on

Precision Agriculture

JULY 20-23, 2014 • Hyatt Regency
Sacramento, California USA

REGISTRATION FORM

ONLINE Registration is available, and recommended at

www.ispag.org/icpa

(* indicates required information)

SALUTATION _____ FIRST NAME* _____ MI _____ LAST NAME* _____

BADGE NAME* _____ AFFILIATION/ORGANIZATION* _____ TITLE/POSITION* _____

SPECIAL NEEDS (ACCESSIBILITY, FOOD ALLERGIES, ETC.) _____

ADDRESS* _____ CITY* _____ STATE/PROVINCE* _____

ZIP/POSTAL CODE* _____ COUNTRY* _____ PHONE (WITH COUNTRY CODE)* _____

FAX (WITH COUNTRY CODE) _____ EMAIL* _____ WEBSITE _____

REGISTRATION FEES

Conference

Membership

Total thru 6/20/2014

CONFERENCE ITEMS (Prices for all conference registrations increase \$100 AFTER June 20, 2014)

Full Conference

- | | | | |
|---|-------|-------|-------|
| <input type="radio"/> With 2 Year ISPA Membership | \$550 | \$100 | \$650 |
| <input type="radio"/> With 1 Year ISPA Membership | \$600 | \$50 | \$650 |
| <input type="radio"/> Without ISPA Membership | \$750 | | \$750 |

One Day Registration 21st ____ 22nd ____ 23rd ____ (Check One)

- | | | | |
|---|-------|-------|-------|
| <input type="radio"/> With 2 Year ISPA Membership | \$300 | \$100 | \$400 |
| <input type="radio"/> With 1 Year ISPA Membership | \$350 | \$50 | \$400 |
| <input type="radio"/> Without ISPA Membership | \$500 | | \$500 |

Student Registration - Full Conference

- | | | | |
|---|-------|------|-------|
| <input type="radio"/> With 2 Year ISPA Membership | \$300 | \$50 | \$350 |
| <input type="radio"/> Without ISPA Membership | \$450 | | \$450 |

Precision A to Z for Practitioners (access to A to Z sessions ONLY)

- | | | | |
|---|-------|-------|-------|
| <input type="radio"/> With 2 Year ISPA Membership | \$250 | \$100 | \$350 |
| <input type="radio"/> With 1 Year ISPA Membership | \$300 | \$50 | \$350 |
| <input type="radio"/> Without ISPA Membership | \$450 | \$450 | \$550 |

Companion Registration (available only with a full conference registration)

\$100		\$100
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TOTAL

\$ _____

PAYMENT (US Dollars)

☐ My check in U.S. funds for \$ _____ is enclosed as full payment of registration fees. **Make checks payable to ISPA.**

☐ Wire Transfer *Contact registration@icpaonline.org for wire transfer instructions.* Date of Transfer _____

☐ Charge my credit card for \$ _____ ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

All information below is required for credit cards:

CARD # _____ EXP. DATE _____ V-CODE _____ (3 or 4 digit verification code on back of card)

SIGNATURE _____ PRINTED NAME OF CARDHOLDER _____

E-MAIL ADDRESS ASSOCIATED WITH CREDIT CARD _____

EASY CONFERENCE REGISTRATION

Online: www.ispag.org/icpa

By Fax: Fill out the registration form with your credit card information, sign and fax it to (217) 762-8655.

By Mail: Send registration form with payment to: ICPA Registration, 107 S. State Street, Suite 300, Monticello, IL 61856

Questions: Quentin Rund, Phone: (217) 762-7955, E-mail: grund@paginteractive.com

Refund Policy: Cancellations received by 7/1/2014 entitle the registrant to refund of half the registration fee. No refunds for no-shows or cancellations received after 7/1/2014. Substitutes are welcome.

