

California State Beekeepers Association

CONVENTION

November 14 – 16, 2017

Harrah's, Lake Tahoe, CA

ONLINE REGISTRATION IS AVAILABLE ON OUR WEBSITE: <http://www.californiastatebeekeepers.com/events.html>

REGISTRANT INFORMATION:

Name: _____

Additional Adult Family Member(s): _____

Company Name: _____

Address: _____ City, State, Zip _____

Phone: _____ Email: _____

- **THREE DAY REGISTRATION**

- **SINGLE DAY REGISTRATION**

- **Early Bird Registration Fees (by Oct 22.)** are \$150 for three day, \$100 additional family; \$100 for single day.
- **Late Registration Fees (Oct. 22– Nov 14)** are \$200 for three day, \$150 additional family; \$150 for single day.

ATTENDEE REGISTRATION

- | | | |
|--|----------|-------|
| <input type="checkbox"/> THREE DAY EARLY BIRD REGISTRATION (by October 22) | | \$150 |
| <input type="checkbox"/> THREE DAY EARLY BIRD ADDITIONAL ADULT FAMILY MEMBER | QTY ____ | \$100 |
| <input type="checkbox"/> SINGLE DAY EARLY BIRD REGISTRATION (by October 22) | | \$100 |

INVITED SPEAKERS

Invited Speakers registration fees are waived; however, a registration form must be submitted

- | | | |
|--|--|-----|
| <input type="checkbox"/> REGISTRATION FOR INVITED SPEAKERS | | \$0 |
|--|--|-----|

ADDITIONAL OPTIONS

- | | | |
|--|-----------|----------|
| <input type="checkbox"/> RESEARCH LUNCH TICKET \$60 | QTY _____ | \$ _____ |
| <input type="checkbox"/> VEGETARIAN | | |
| <input type="checkbox"/> ANNUAL BANQUET TICKET \$70 | QTY _____ | \$ _____ |
| <input type="checkbox"/> VEGETARIAN | | |
| <input type="checkbox"/> KING BEE DONATION (Voluntary Contribution, minimum of \$250*) | | \$ _____ |
| <input type="checkbox"/> RIGHT TO FARM DONATION (Voluntary Contribution) | | \$ _____ |
| <input type="checkbox"/> RESEARCH DONATION (Voluntary Contribution) | | \$ _____ |

TOTAL ALL ITEMS \$ _____

CONTINUED ON PAGE TWO

CONVENTION REGISTRATION CONTINUED FROM PAGE ONE

PAYMENT

- Check payable to California State Beekeepers Association or CSBA
- Credit Card form also available online (*we accept VISA, MasterCard, American Express, Discover*)

Credit Card: Visa, Mastercard , American Express (Circle One)

Card No. _____ Exp. _____

Auth Code: _____ Billing Zip Code: _____

Cardholder Signature: _____

Return form to:

CALIFORNIA STATE BEEKEEPERS ASSOCIATION, 1521 I Street, Sacramento, CA 95814

You may also fax your form (916-446-1063) or email to us (karli@agamsi.com)

**If you have questions, please call us (916-441-0302) or visit our website: [http://www.californiastatebeekeepers.com/
events.html](http://www.californiastatebeekeepers.com/events.html)**

Online registration is available on our website at <http://www.californiastatebeekeepers.com/events.html>