

# pest cemetery Live 2018

February 14-17, 2018 | New Orleans, Louisiana

(Please Print)

Attendee Name: \_\_\_\_\_ Title \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## CONFERENCE REGISTRATION

**Annual Meeting Registration - \$149.00 per person**

I will attend - \$149.00 per person

Includes all Education Sessions, Welcome & Appreciation Receptions, and New Orleans Dinner Experience.

*If you'd like to register more than one attendee for the full package, please complete a separate registration form for each attendee.*

**Guest Participation - \$50.00 per person**

I have a guest who will attend - \$50.00

Includes participation in Welcome Reception, Appreciation Reception and New Orleans Dinner experience.

Guest Name: \_\_\_\_\_

Email: \_\_\_\_\_

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

## PAYMENT INFORMATION

Payment will be processed by Target Specialty Products. A confirmation and payment receipt will be email to you after processing.

Check Check No: \_\_\_\_\_

Credit Card:  Visa  MasterCard  American Express

Cardholder Name \_\_\_\_\_ Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Billing Address (if different than mailing address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

**1** To REGISTER, click the submit button.

**2** Print form to MAIL YOUR PAYMENT to:  
Target Specialty Products  
Attn: Scott Galphin  
5785 Brook Hollow Pkwy, Suite C  
Norcross GA 30071