

Methods Forum VII - Registration Form

Fertilizer Method Development, Validation & Training Using AOAC, AAPFCO & ISO Formats

Held in conjunction with the Midyear AAPFCO (Association of American Plant Food Control Officials) Meeting

Forum Dates: February 20-22, 2013

Hotel Information: Hyatt French Quarter, 800 Iberville Street, New Orleans, LA 70112, Telephone: 504-586-0800; Reservations: 888-591-1234

Room Block Name/Group Code: AAPFCO (Block closes January 21, 2013)

Rate: \$135.00 + 13% tax + \$1.00 occupancy tax per room, per night (Single/Double) except Friday, 2/22 @ \$189.00

Online Hotel Reservations: <http://frenchquarter.hyatt.com/groupbooking/msyrfapf>

Please mark your area of interest from the list below:

- _____ Validating P&K Methods by Simultaneous by ICP
_____ Nitrogen and Secondary Nutrients - Ca, Mg, S + Organic Matrices
_____ Trace Nutrient Analysis - B, Co, Cu, Fe, Mn, Mo, Ni & Zn + Contaminants
_____ Regulatory Needs, Beneficial Substances, Slow-Release Validation, Sampling, Lab Training
-

Please mark your choices here:

_____ **2013 Methods Forum Registration Fee: \$150.00** (covers meeting summary, 1 dinner & breaks)

Early Registration Deadline: January 21, 2013 - \$175.00 due after January 21, 2013

_____ **Friday, February 22 Optional Tour Fee: \$40.00**

Registrant Name: _____

Affiliation: _____ Address: _____

City: _____ State/Prov: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Fees can be processed separately; can also be paid by check or different credit cards (see below).

Please include a 7.5% processing fee for credit card payments (\$11.25 or \$13.12 for late registration)

Credit Card Information - FORUM: VISA _____ MasterCard _____ CC Number: _____

Amount Paid: _____ **Exp. Date:** _____ **Name:** _____

(exactly as it appears on credit card)

Credit Card Address: _____ **City:** _____ **State/Prov:** _____ **Zip Code:** _____

Credit Card Information - TOUR: VISA _____ MasterCard _____ CC Number: _____

Amount Paid: _____ **Exp. Date:** _____ **Name:** _____

(exactly as it appears on credit card)

Credit Card Address: _____ **City:** _____ **State/Prov:** _____ **Zip Code:** _____

Please complete the registration form and FAX or mail with check (*Payable to AAPFCO*) to:

AAPFCO, Attn: Jamey Johnson, No. 1 Natural Resources Drive, Little Rock, AR 72205, Fax #: 501-219-1746