

**AAPFCO REGISTRATION  
2017 Winter Annual Meeting  
FEIN 52-0854569  
February 19-24, 2017  
Hyatt Centric French Quarter  
800 Iberveille Street  
New Orleans, LA 70112**

Treasurer Use Only	
Date Recd _____	\$ _____
CC _____	CK _____
NPC _____	QB _____
SR _____	EM _____
PDX _____	

Telephone: 504-586-0800 Reservations: 888-421-1442

Block Name: **AAPFCO** (block closes Jan. 27, 2017) Rate: \$156.00 + tax (14.75%) + \$1.00 occupancy tax per room, per night (single/double), based on availability 2 days before and after.

Group Code: **AAPFCO** Online reservations: <https://resweb.passkey.com/go/aapfcomidyearmeeting>

*(First night room rate is not charged to card at time of reservation, refundable 48 hrs prior to arrival)*

**Registration Fee .....\$275.00**

**Registration Fee + late registration, After January 27, 2017 .....\$325.00**

*Requests for full refund of registration fee honored if received by January 27, 50% after February 5, 2017.*

*The late registration is non-refundable.*

**Fax credit card registration to 501-219-1746 or mail with check to address below.**

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

Affiliation: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_ Attend Monday Reception:  Yes  No

First-Time AAPFCO Meeting Attendee?  Yes

**Remittance Information:** Any Dietary Restrictions: \_\_\_\_\_

Payment by check:  Make checks payable to: **AAPFCO**

Payment by credit card:  VISA  MasterCard (*only credit cards accepted*)

Card Number: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

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

Print Name: \_\_\_\_\_

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

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

*(Name and address must be exactly as billing name and address on credit card)*

<p><b>Mail to:</b> <b>AAPFCO</b> <b>Jamey Johnson, Treasurer</b> <b>Arkansas State Plant Board</b> <b>1 Natural Resources Drive</b> <b>Little Rock, AR 72205</b></p>
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Print names of non-registrant guests:

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