



ESF Outreach – ESPRA Spring Conference

May 29 – June 2, 2006

Crowne Plaza Vancouver Hotel Georgia

Fee for 1st Member: \$500 (US Funds), 2nd & 3rd Member: \$300/each (US Funds)

Room Reservation Deadline: April 29, 2006

Registration Deadline: May 12, 2006

ESPRA Multi-Member Registration Form

Please use this form if you and your associates are members of ESPRA and belong to the same company. Please type or print all information clearly.

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Country Code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1st Member (\$500): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Title: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Vegetarian or special needs: \_\_\_\_\_

2nd Member (\$300): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Title: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Vegetarian or special needs: \_\_\_\_\_

3rd Member (\$300): First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Title: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Vegetarian or special needs: \_\_\_\_\_

Your fee will include: Tuesday's field trip to Honeywell Lab and Facilities; Wednesday's program, coffee only, a.m. break, lunch, and p.m. break (dinner is on your own); Thursday symposium, coffee only, a.m. break, lunch, p.m. break, reception, and dinner; Friday tour (please choose either Howe Sound Mill tour or the tour To Be Determined).

Please indicate those field trips you plan to attend by checking them off below.

<input checked="" type="checkbox"/> Check	Field Trips are NOT an additional fee
	<b>Tuesday:</b> Yes, I will attend the field trip to Honeywell Lab and Facilities
	<b>Friday Field Trip #1:</b> Yes, I will attend the field trip to Howe Sound Pulp and Paper Company
	<b>Friday Field Trip #2:</b> Yes, I will attend the field trip To Be Determined (TBD)

TOTAL AMOUNT Due: \_\_\_\_\_ (US Funds) Method of Payment:  Check one method

\_\_\_ Check enclosed – payable to: **SUNY Research Foundation (Payment is due before the event.)**

\_\_\_ Voucher or Purchase Order: Voucher or PO number \_\_\_\_\_ (Payment is due 30 days after the event.)

\_\_\_ Credit Card \_\_\_ Visa \_\_\_ Mastercard Exp. Date \_\_\_\_\_

Card No. \_\_\_\_\_

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

(as it appears on card)

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

If paying by check, voucher or purchase order,  
Mail or Fax completed registration form with FULL PAYMENT to:  
ESF Outreach, SUNY-ESF,  
1 Forestry Drive, 219 Bray Hall, Syracuse, NY 13210  
Fax: 315-470-6890