

2020 HSA Annual Meeting of Members Registration
 North Charleston Marriott - 4770 Goer Dr, North Charleston, SC 29406
 April 16 and 17, 2020

Please print your name as you would like it to appear on your name tag.

Name _____ Address _____

City _____ State _____ Zip _____ Phone (Cell) _____ (Home) _____

E-mail _____ First-time conference attendee? ☐ Yes ☐ No

HSA Affiliation: (Check one) ☐ Member at Large ☐ Unit Member ☐ Unit Chair ☐ Non-member/Guest

Unit Name(if applicable) _____

Spouse/Guest _____

All registrations must be received no later than March 18, 2020*

GENERAL REGISTRATION COSTS*		
General Registration for Friday, April 17 from 7:00am - 6:00pm at the North Charleston Marriott. Includes one breakfast, one lunch (Awards Ceremony and Rosemary Circle & Golden Sage luncheon), annual meeting, district and committee meetings, and four speaker presentations.		
Dietary Requirements (<i>please check only if you require it</i>) <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free Note: All participants will be receiving meal tickets there will be no opportunity to change meal selection.		
	Cost	Amount
General Meeting Registration April 17, 2020	Registration(s) received by February 18 \$159.00 per person	\$ _____
General Meeting Registration April 17, 2020	Registration(s) received by March 18 \$179.00 per person	\$ _____
OPTIONAL WELCOME RECEPTION		
Preconference Reception on Thursday, April 16, 2020 from 5:30pm - 7:00pm at the North Charleston Marriott. Includes cash bar and hor d'oeuvres.		
	Cost	Amount
Preconference Reception April 16, 2020	Registration(s) received by March 18 \$20.00 per person	\$ _____
Registration Total:		\$ _____

*Cancellations/Refund Policy: Cancellation requests for the Annual Meeting of Members received at HSA Headquarters on or before March 18, 2020 will receive a 100% refund. Cancellations received on or after March 18, 2020 will receive a 50% refund. There will be no refunds for cancellations of registrations received after April 1, 2020. All cancellation requests must be in writing.

Method of Payment

☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Discover

Make checks payable to: "The Herb Society of America"

Send payment for registration by **March 18, 2020 to:**

9019 Kirtland-Chardon Rd.
 Kirtland, OH 44094
 fax (440) 256-0541

OR

Register online at:

herbsociety.org/grow/hsa-2020-annual-meeting-of-members

Credit Card Payment Credit Card No. _____ - _____ - _____ - _____ Signature _____ Expiration Date: Month _____ Year _____ Security Code _____ (mandatory for processing)
