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**2010 Attendee Registration**  
**Florida Pesticide Residue Workshop (FPRW)**  
 TradeWinds Island Resort, St. Pete Beach, Florida  
 Meeting Dates: July 18-21, 2010

	<b>E-MAIL, FAX or MAIL to NICOLE FISHER at ACS</b>	
YOUR NAME		
	__DR, or __MR, or __MS <-indicate one	
ORGANIZATION _____ check here if your company is also an exhibitor		
ADDRESS		
CITY, STATE, ZIP		
COUNTRY		
TELEPHONE		
FAX		
E-MAIL ADDRESS		
<b>check one&gt;</b>	<input type="checkbox"/> Full Registration:	<b>\$225 (if paid by June 19)</b>
	<input type="checkbox"/> Full Registration:	<b>\$275 (on-site or after June 19)</b>
	<input type="checkbox"/> 1-Day Registration:	<b>\$150 (if paid by June 19)</b>
	<input type="checkbox"/> 1-Day Registration:	<b>\$200 (on-site or after June )</b>
	<input type="checkbox"/> Student Registration:	<b>\$75 (full-time student)</b>
Payment attached? _____Yes, _____ No (I will send separately) Space is limited - we must receive your payment in order to guarantee your table in the show. ACS FEID is 53-0196572. Make checks payable to ACS.		
PAYMENT OPTIONS: _____ Purchase Order P.O. No.; _____ : _____ Check, Check No. _____ <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             _____ ;         </div> <div style="text-align: center;">             _____ ;         </div> <div style="text-align: center;">             _____ ;         </div> <div style="text-align: center;">             _____         </div> </div> Authorized amount \$ _____ Credit Card Number _____ Exp Date _____ Signature _____		
<p><b>We appreciate receiving your payment by June 9, 2010</b></p>		