This meeting is open to anyone interested. It is not restricted to members or the sponsoring organizations.

Name(s): ______________________________________________________

Address: ______________________________________________________

Cell Phone ___________________________ email _______________________

Do you need vegetarian meals? _____ Other dietary restrictions? _________________________

There is a $15 additional fee/person for attendees who are not members of the Botanical Society of America. This $15 fee will be donated to BSA on your behalf. Alternatively, we suggest everyone join this fine organization. Memberships start at $25, provide many benefits, and include the $15 fee.

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speakers, field trips, meals, and lodging</td>
<td>$575.00</td>
</tr>
<tr>
<td>(double occupancy)</td>
<td></td>
</tr>
<tr>
<td>Speakers, field trips, meals, but NO lodging</td>
<td>$325.00</td>
</tr>
<tr>
<td>Speakers, field trips, but NO meals or lodging</td>
<td>$175.00</td>
</tr>
</tbody>
</table>

Amount (see above) _______ X _____ persons       Subtotal _______

Donation for non-members of Botanical Society of America:

$15.00 .................................. X _____ persons       Subtotal _______

Payment enclosed                                              Total _______

Make your check for full payment, payable to the **Botanical Society of America**, and send with this registration form to: **Bonnie L. Isaac, Carnegie Museum of Natural History, Section of Botany, 4400 Forbes Avenue, Pittsburgh, PA 15213**

I can be a driver for car-pooling ______ Excluding myself, I can take ______ other people.

Person with whom you wish to share a room ________________________________

You may assign me to any room, but I prefer a male _____ prefer a female _____ don’t care _____

Emergency Contact _______________________________ Number ___________________

I am a member of the Botanical Society of America ______, Torrey Botanical Society ______,

Philadelphia Botanical Club ______, Other ________________________________

In making this application, participants affirm that they are in general good health, are physically able to keep up with the group in the ordinary course of field activities, accept as their personal risk the hazards inherent in any outdoor activity, and will not hold the Botanical Society of America, or other sponsoring organizations, or the trip leaders responsible for the same.

I give my permission for medical treatment to be administered in such case as deemed necessary by a trained medical professional. I accept and assume all risks associated with recreation activities, and I hereby release Trip Organizers and Leaders of all liability from injuries that might occur. I understand that I am responsible for providing my own insurance for any injuries that occur.

Signature ___________________________ Date ____________________