

2019 Joint Field Meeting Registration - Maximum 50 Participants - Deadline June 1, 2019

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.

Speakers, field trips, meals, and lodging (**double occupancy**).....\$575.00/person
Speakers, field trips, meals, but NO lodging\$325.00/person
Speakers, field trips, but NO meals or lodging.....\$175.00/person

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 _____