Plant Pathology Society of North Carolina

APS 1908
PPSNC 1999

2014 ANNUAL MEETING

Impacts of Extension Programing in Plant Pathology

Tuesday, October 14, 2014

NC State Centennial Campus
Venture IV Suite 415

REGISTRATION and MEMBERSHIP FORM

Name: _____

Affiliation/Employer: _____

Mailing Address: _____

City, State & ZIP Code: _____

Telephone: (_____)_____ Fax: (_____)_____

E-mail Address: _____

Personal Web Page: _____

Meeting Registration Fees:		**2014 Membership Dues:**	
Individual	$ 30	Individual	included in meeting registration
Student	$ 5	Student	$1

Lunch will be served, please let us know if you have any special dietary constraints.

If you are paying for several registrations with the same check, **each** individual must complete a separate registration form.

Registration Fee	**$**	
Membership Dues	**+**	
Late Fee (add $5.00 after 7 Oct)	**+**	**5.00**
Voluntary additional contribution*	**+**	
Total:	**=**	

☐ Paid by check #_____
☐ Paid in cash

Make checks payable to:

Plant Pathology Society of North Carolina
Mail form to: Mike Adams/PPSNC, Campus Box 7616, Raleigh, NC 27695

***Voluntary contributions will be used to support the activities of the PPSNC, including the Student Travel Award and the Annual Meeting.**