

Forest Health Monitoring 2010 Workgroup Meeting

 Western Forestry and
Conservation Association

REGISTRATION FORM

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

Registration Questions?

Contact Michele at 888-722-9416 or 503-226-4562
or richard@westernforestry.org

Western Forestry and Conservation Association
4033 SW Canyon Road
Portland, OR 97221, USA
fax: 503-226-2515 | www.westernforestry.org

Registration

AMOUNT

Registration fee \$100 _____

PLEASE REGISTER BY 1/8/10.

CHECK ALL THAT APPLY (no fees applied):

I will attend optional field trip: 1/28 _____

(Cash only payment collected for 1/28 lunch
at the meeting)

I will be presenting a poster. _____

Questions?

Call 888-722-9416 or 503-226-4562
or email michele@westernforestry.org

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Payment Methods

1. Please make check payable to:
Western Forestry and Conservation
4033 SW Canyon Rd.
Portland OR 97221, USA

Tax ID: 930-331-712

2. Purchase order # _____

3. Charge to: MC VISA AmEx
(please circle)

Account # _____

Expiration Date _____ Security Code _____
(on back of card)