

REGISTRATION FORM

Please print out and mail to:

The Pennsylvania Horticultural Society
 Attn: Education Programs
 100 North 20th Street, 5th Floor
 Philadelphia PA 19103

OR fax to 215-988-8810



THE PENNSYLVANIA
HORTICULTURAL SOCIETY

Event Name	Date	Fee
TOTAL FEE		

Name	Member ID#
Guest(s)	<small>(ID # required for member discount)</small>
<small>(If a guest will be accompanying you, please provide name.)</small>	
Address	
City/State/Zip	
Telephone (day)	
Telephone (evening)	
Email	
Method of Payment: <input type="checkbox"/> Check enclosed <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
<small>(Please reserve credit card use for purchases over \$10.)</small>	
Name <small>(as it appears on credit card)</small>	
Card Number	Exp. Date
Signature	