

THE AGRICULTURAL SAFETY AND HEALTH COUNCIL OF AMERICA™

## REGISTRATION FORM

# Agricultural Safety Health and Risk Management Certificate Program™ (AgSHARP™)

July 25<sup>th</sup> – 28<sup>th</sup> 2017 - Monterey, California - Casa Munras Hotel and Spa

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ASHCA Member:  Yes  No I would like to receive ASHCA's monthly newsletter and information on future AgSHARP™ training and ASHCA events.  Yes  No

**You are responsible for making your own travel and hotel reservations.**

The group room rate is \$189 per night plus tax. Call the Casa Munras Hotel & Spa at 1-800-222-2446 during normal business hours and reference the ASHCA Safety Training Program. Room rates are only for reservations made by close of business Monday, July 3<sup>rd</sup> 2017. Reservation hours are: Mon-Fri: 8-7pm, Sat & Sun: 9-7pm PST.

By registering for this course, participants agree that any photographs, videotapes, or audiotapes taken by ASHCA/AgSHARP™ or its agents which may include the participants, may be used for communications or publicity purposes of ASHCA/AgSHARP™. Information contained in the program sessions includes copyrightable interests that rightfully belong to the presenters and ASHCA/AgSHARP™. Unauthorized recording, taping, distribution or use of materials is strictly prohibited.

### TO REGISTER:

1. Register online at: <http://ashca.org/agsharp/>
2. Send in this completed form along with payment to:

MAIL: ASHCA  
PO Box 2506  
Leesburg, VA 20177

E-MAIL: [info@ASHCA.org](mailto:info@ASHCA.org)

### PROGRAM REGISTRATION FEE:

\$400 if registration and payment is received no later than close of business by June 15th, 2017. After June 15th, program registration fee increases to \$550.

- Send Invoice for payment by credit card online thru QuickBooks.
- Check/Money Order: Please make payable, through a US bank in US funds, to ASHCA
- Credit card: Charge my  American Express  VISA  MasterCard  Discover

Credit Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

### REGISTRATION CANCELLATION POLICY:

Refunds will be made to those registrants who must cancel, less a \$100 processing fee. Written cancellation requests must be post-marked on or before July 15, 2017. No refunds will be made after that date. Substitutions are welcome at no charge.

Brought to you by: