

Registration Form
Virginia Native Plant Society 2008 Annual Meeting
September 12th to 14th, Alexandria, VA
“The Potowmack Experience: Flora along the Fall Line”

Name(s) _____

Signature(s)* _____

Street Address _____

City, State, Zipcode _____

Email address _____

Phone _____

*Signature(s) required. By signing this form, registrant shall hold harmless VNPS staff and volunteers and those designated to serve as their providers.

Registration closes on **August 30th**. Please register early, as space is limited.

Registration Fee: \$ 90

Kayak Trip: \$ 30

Mt. Vernon Entrance: \$ 11

Donation to VNPS: \$ _____

Total enclosed: \$ _____

Field Trip Choices:

Friday Herbarium visit time (circle choice): 2 pm 3 pm 4 pm

or Friday Field Trip First Choice _____

Second Choice _____

Saturday Field Trip First Choice _____

Second Choice _____

Sunday Field Trip First Choice _____

Second Choice _____

Saturday Box Lunch (circle choice) Non-vegetarian or Vegetarian

Mail this form, with check payable to VNPS, to:

VNPS Annual Meeting
Blandy Farm Lane, Unit 2
Boyce, VA 22620