



Long Island Nursery and Landscape Association Event Registration Form

Please use reverse side for additional registrants.

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Event & Date: _____

Cost per person: _____ Number Attending: _____ Total Cost: _____

Payment Information:

Please Circle One: Check Enclosed / Charge my Credit Card

Indicate Card Type: (MasterCard or Visa) _____

Name on Card: _____

Card Type & Number (MasterCard or Visa): _____

Expiration Date: _____ **VIC Code:** _____

Signature: _____

Mail completed form and payment to:

LINLA, PO Box 1165, Farmingdale, NY 11765

Or Fax to: 516.249.0740.

For further information contact: Kim Psinakis, Executive Secretary
(516) 249-0545; email at info@linla.org.

RESERVATION/CANCELLATION POLICY

Cancellations or reservation changes **MUST** be requested no later than **7 business days** prior to the event. **THERE WILL BE NO REFUNDS FOR NO-SHOWS- SUBSTITUTIONS ARE WELCOME.**

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS PRINTED ON THIS FORM.

Signature: _____ Date: _____

Print Name: _____