### DELEGATE REGISTRATION FORM

**EARLY REGISTRATION RATE:** Register by May 1, 2020 and receive $100 off the registration fee. The early registration fee is $400 per delegate.

*Note: After 5/1/2020 the registration fee will be $500 per delegate.*

The following must be completed and received at the ARBO office no later than June 1, 2020.

- Register your delegates who will be attending by completing this registration form and returning it, along with your payment, to the ARBO office: 200 S. College Street, Suite 2030, Charlotte, NC 28202 or fax the form to 888.703.4848 or scan and email the form to arbo@arbo.org.
- ARBO’s Federal Identification Number is 23-7091523.

### Voting/Non-Voting Delegate Registration Fee: $400 (by 5/1/2020) or $500 (after 5/1/2020)

- **Member Board:** Jurisdiction Represented: ___________________________ Date of Registration: ______________

#### Voting Delegate *(limit 1 per jurisdiction)*

- **Name:** ___________________________________________ Title: ___________________________________________
- **Phone #:** __________________________ Name badge to read: ___________________________________________ 1st Time Attendee  □
- **Email:** ___________________________________________  **Note:** Email is necessary to receive access to meeting materials.

Any special requirements: ___________________________________________

#### Non-Voting Delegate(s)

- **Name:** ___________________________________________ Title: ___________________________________________
- **Phone #:** __________________________ Name badge to read: ___________________________________________ 1st Time Attendee  □
- **Email:** ___________________________________________  **Note:** Email is necessary to receive access to meeting materials.

Any special requirements: ___________________________________________

- **Name:** ___________________________________________ Title: ___________________________________________
- **Phone #:** __________________________ Name badge to read: ___________________________________________ 1st Time Attendee  □
- **Email:** ___________________________________________  **Note:** Email is necessary to receive access to meeting materials.

Any special requirements: ___________________________________________

- **Name:** ___________________________________________ Title: ___________________________________________
- **Phone #:** __________________________ Name badge to read: ___________________________________________ 1st Time Attendee  □
- **Email:** ___________________________________________  **Note:** Email is necessary to receive access to meeting materials.

Any special requirements: ___________________________________________

#### Spouse/Guest—$35.00 Registration Fee includes breakfast, lunch and reception.

- **Guest name badge to read:** ___________________________________________
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Amount Due:

- _____ Voting Delegates (1 per jurisdiction) x $_______ = $_______
- _____ Non-Voting Delegates x $_______ = $_______
- _____ ARBO Life Member x $ 0 = $ 0.00
- _____ Spouse/Guest x $ 35.00 = $_______

Total Amount Due: $_______

☐ Enclosed is a check in the amount of $______________

☐ Please charge to my credit card: Card type:  ☐ Visa  ☐ Mastercard  ☐ American Express

Name on card: ________________________________________________________________________________________

Card #:________________________________________ Expiration Date:______________________

CVV Number: __________________________  *The CVV Number (“Card Verification Value”) on your credit card or debit card is a 3 digit number on VISA® and MasterCard® credit and debit cards. On your American Express® credit or debit card it is a 4 digit numeric code.