

PSA CONVENTION REGISTRATION FORM

99th Annual Convention
February 9-11, 2025
OMNI Ranch Las Palmas
Resort & Spa,
Rancho Mirage, CA



COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

INDUSTRY REPRESENTATIVE FEE (Early Bird Discount Before December 15th) \$575.00 per person (After December 15th) \$625.00 per person (package includes 3 receptions, 2 breakfasts, 1 lunch, 1 dinner, breaks and all meeting materials and speakers)

1st Attendee name: _____ 2nd Attendee name: _____

3rd Attendee name: _____ 4th Attendee name: _____

SPOUSE/GUEST FEE (Early Bird Discount Before December 15th) \$475.00 per person (After December 15th) \$525.00 per person (package includes 3 receptions, 2 breakfasts, 1 lunch, 1 dinner, breaks and all meeting materials and speakers)

1st Attendee name: _____ 2nd Attendee name: _____

3rd Attendee name: _____ 4th Attendee name: _____

A La Carte – Optional for Spouse/Guest ONLY

	Sunday Super Bowl \$150.00	Monday Breakfast \$65.00	Monday Luncheon \$125.00	Monday Reception \$75.00	Tuesday Breakfast \$65.00	Tuesday Luncheon \$75.00	Tuesday Banquet \$200.00
NAME: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note - for Honorary Lifetime members, enter \$0, as your registration is complimentary (must be retired to receive this benefit).

GOLF TOURNAMENT - Tuesday, February 11th 10:30 am – 4:30 pm

For Each golfer, please enter \$225.00

GOLFER #1: _____	HANDICAP OR AVERAGE SCORE: _____	MULLIGANS (2 FOR \$20)	<input type="checkbox"/>
GOLFER #2: _____	HANDICAP OR AVERAGE SCORE: _____	MULLIGANS (2 FOR \$20)	<input type="checkbox"/>
GOLFER #3: _____	HANDICAP OR AVERAGE SCORE: _____	MULLIGANS (2 FOR \$20)	<input type="checkbox"/>
GOLFER #4: _____	HANDICAP OR AVERAGE SCORE: _____	MULLIGANS (2 FOR \$20)	<input type="checkbox"/>

PALM SPRINGS TRAM TOUR -Tuesday, February 11th 10:30 am – 3:30 pm

\$95.00 per person (includes transportation, tram tour ticket and a refreshment)

TOUR PARTICIPANT NAME #1: _____

TOUR PARTICIPANT NAME #2: _____

TOUR PARTICIPANT NAME #3: _____

TOUR PARTICIPANT NAME #4: _____

INCLUDE A SPONSORSHIP:

- Platinum \$2,500 Gold @ \$1,750 Silver @ \$1,250 Bronze @ \$500
 Associate Super Bowl Watch Party (5 spots) \$1,500 ea. Reception @ \$750 Exhibitor @ \$500 Other: _____
-

PAYMENT INFORMATION:

TOTAL AMOUNT DUE: \$ _____

- Check (payable to PSA) Please send invoice Credit card (3% additional charge)

Card No. (Visa, MC, AmEx accepted): _____

Cardholder Name: _____

Cardholder Signature: _____

Exp. date: _____ Security code (CCV): _____ Zip code: _____

SEND REGISTRATION FORM AND PAYMENT TO:

Pacific Seed Association

1521 I Street / Sacramento, CA 95814

Phone: (916) 441-1064 / Fax: (916) 446-1063

Email: donna@agamsi.com

