

PSA CONVENTION REGISTRATION FORM

2023 Annual Convention
February 12-15, 2023
The Seabird Resort
Oceanside, CA



COMPANY : _____

ADDRESS: _____

STATE: _____ CITY: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

INDUSTRY REPRESENTATIVE FEE (Early Bird Discount Before January 6th) \$550.00 per person
(After January 6th) \$600.00 per person (*package includes 3 receptions, 2 breakfasts, lunch, dinner, breaks and all meeting materials and speakers*)

1ST Attendee name: _____ 2ND Attendee name: _____

3RD Attendee name: _____ 4TH Attendee name: _____

SPOUSE/GUEST FEE PACKAGE (Early Bird Discount Before January 6th) \$450.00 per person
(After January 6th) \$495.00 per person (*package includes 3 receptions, 2 breakfasts, lunch, dinner, breaks and all meeting materials and speakers*)

1ST Spouse/Guest name: _____ 2ND Spouse/Guest name: _____

3RD Spouse/Guest name: _____ 4TH Spouse/Guest name: _____

A La Carte - Optional for Spouse/Guest ONLY (if not purchasing the package above)

	Sunday Reception \$75.00	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 14th 10:30 am - 4:30 pm

For Each golfer, please enter \$195.00

GOLFER #1: _____ HANDICAP OR AVERAGE SCORE: _____ MULIGANS (2 FOR \$20)

GOLFER #2: _____ HANDICAP OR AVERAGE SCORE: _____ MULIGANS (2 FOR \$20)

GOLFER #3: _____ HANDICAP OR AVERAGE SCORE: _____ MULIGANS (2 FOR \$20)

GOLFER #4: _____ HANDICAP OR AVERAGE SCORE: _____ MULIGANS (2 FOR \$20)

TASTE OF OCEANSIDE WALKING TOUR, Tuesday, February 14th 1:15 pm – 4:30 pm

\$95.00 per person includes fee for tour, food samples & gratuity (*extra drinks are on own*)

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 Other _____

PAYMENT INFORMATION:

TOTAL AMOUNT DUE: \$ _____

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

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

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

