

**The First Annual Great Plants Symposium
at The Sturbridge Host Hotel & Conference Center, Sturbridge, MA**

**2017 Great Plants Symposium and 'Double-Header' Flower Gardening Class
Registration Form**

To register for this exciting symposium AND/OR the Double-Header' Flower Gardening Class, please **print this registration form and send it along with your registration fee to Great Plants Symposium, P.O. Box 132, Kennebunk, ME 04043. Please make checks payable to Great Plants Symposium.** You will receive an e-mail confirmation upon receipt of your registration form. Approximately two weeks prior to the symposium AND/OR 'Double-Header' Gardening Class you'll be sent a reminder along with any additional details.

Symposium registration fee includes five garden lectures, morning coffee, mid-morning refreshments, luncheon buffet, handouts, garden gift and door prizes.

Friday, October 6 Great Plants Symposium Registration Fee:

_____ \$93 per person

_____ \$88 per person when five or more people register with this form. Checks only for group rate. No credit cards accepted with this special fee.

_____ \$88 per person for Master Gardeners and members of Nursery and Landscape Associations.

Special Thursday, October 5 Double-Header Flower Gardening Class

_____ \$49 per person. Includes three hours of instruction, handouts, garden catalogs and afternoon refreshments

_____ \$45 per person when five or more people register with this form. Checks only for group rate. No credit cards accepted with this special fee.

_____ \$45 per person for Master Gardeners and members of Nursery and Landscape Associations.

Please make checks payable to Great Plants Symposium.

Cancellation Policy: For cancellations received up to ten days prior to the symposium AND/OR 'Double-Header' Gardening Class, a refund will be given, less a \$20 per person processing fee. No refunds will be issued after this date.

Please e-mail pyours1@gmail.com or call (207) 502-7228 if you have questions. Thanks!

Name: _____

Address: _____

E-Mail: _____

Phone: (home) _____ (cell) _____

Are you already on the Perennially Yours newsletter mailing list? _____

If you are not, would you like to be? _____

How did you learn of the Symposium? _____

Additional Person Registration Information

Name: _____

Address: _____

E-Mail: _____

Phone: (home) _____ (cell) _____

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