

Attendee #1

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Conference Date: November 7-9, 2025

☐ **Early Bird Registration:** per person
(envelope postmarked on
or before October 15, 2025)\$ 395

☐ **Standard Registration:** per person
(envelope postmarked on
or after October 16, 2025).....\$ 425

Attendee #2 ☐ Not applicable

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Conference Date: November 7-9, 2025

☐ **Early Bird Registration:** per person\$ 395

☐ **Standard Registration:** per person\$ 425
- or -

☐ **Family Member / Friend / Guest:** meals only
on Friday and Saturday evening (conference
and transportation not included).....\$ 200

Garden Access Card:

Some of the gardens we will visit are in the Reciprocal Garden program. Do you have a membership card from a garden that participates in this program, or from the American Horticultural Society? ☐ Yes ☐ No

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Food Requirements:

Do you need: ☐ Vegetarian ☐ Vegan ☐ Gluten-Free

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Emergency Contact:

Name: _____

Phone#: _____

Relationship: _____

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Name: _____

Phone#: _____

Relationship: _____

Subtotal Attendee #1 \$ _____

Subtotal Attendee #2 \$ _____

Payment by Check

Please do not send cash

Please add up both subtotals (if applicable) and make out a check in the combined total amount to:

Maple Society of North America
PO Box 2635
Port Angeles, WA 98362

Payment by Credit Card *Please print clearly*

Circle one: Visa | Master Card | AMEX | Discover

Card # _____ - _____ - _____ - _____

Expiration Month / Year: ____/____ 3 digit code: _____

Name on Card: _____

Signature: X _____

Participation Waiver and Release Form:

The 2025 Annual Fall Conference and General Meeting being held on November 7-9, 2025 in and around Dallas / Fort Worth, Texas includes a variety of event activities and garden tours where the landscape and other surfaces may be challenging to walk, and care will need to be taken depending on the individual's physical conditions.

Attendee #1

Name (printed): First: _____ Last: _____

Date of Birth: ____ / ____ / ____

Email Address: _____ Phone#: _____

Attendee #2 ☐ Not applicable

Name (printed): First: _____ Last: _____

Date of Birth: ____ / ____ / ____

Email Address: _____ Phone#: _____

By signing this Participation Waiver and Release Form, I hereby agree that I am aware of the risks of attending the 2025 Annual Fall Conference and General Meeting in and around Dallas / Fort Worth, Texas, and assume all risk of injury or harm as a result of the activities specified above whether before, during, or after the activities.

I agree to release, indemnify, defend, and forever discharge the Maple Society of North America, the event planning committee, the volunteer garden hosts, and their property from all liability, claims, demands, damages, costs, expenses, and causes of action due to death, injury, loss, or damage to the above-referenced attendee(s).

I will do all in my power to obey all safety requirements, and seek clarification if necessary.

I likewise agree to take no videos during any of the garden tours (photos are allowed). I understand that I may only take a video **before or after each tour with prior permission** from the garden or arboretum's owner or manager.

Signature: **X** _____ Date: _____

Printed Name: _____

Mail this completed form, with a check or credit card info, to:

Maple Society of North America
PO Box 2635
Port Angeles, WA 98362
