

July 15-18, 2017 | Columbus, OH USA

866-805-5725

514-289-9844

AmericanHort.org/Cultivate

Showcare - Cultivate
1200 G St NW Suite 800
Washington DC 20005 USA

1 Your Contact Information

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

First Name _____ Last Name _____

Email _____

Phone _____ Fax _____

Company

Address

City

State/Province

Zip/Postal Code

Country

AmericanHort supplies your contact information to exhibitors so they may inform you of products and services. Check this box to opt-out of providing your information to exhibitors.

2 Your Badge Information

Are you an exhibitor or an attendee? Exhibitor Attendee

Which area(s) of the business do you work in? *Select all that apply.*

Floral Greenhouse Landscape Nursery
 Garden Interior Landscape Other
 Center Retail Plantscape Distribution

Which of the following best describes your position? *Choose only one.*

Account Manager Extension agent Educator
 Business/Finance Head/sect. grower Researcher
 Buyer Landscape architect Sales
 CEO/President Logistics/Shipping Technician
 Crew leader/memb. Maint./Facilities Designer
 Manager Press Other
 Marketing Owner

3 Your Membership Status

I or my company is a member. Member ID # _____.

Neither I nor my company is a member, but I'd like to purchase membership to take advantage of the Member Price. *Select membership options below.*

Neither I nor my company is a member, and I am registering at the regular price.

Company Memberships*

MemberBasic \$295
 MemberPlus \$495
 MemberPremium
 Gross sales < \$5Million \$1,195
 Gross sales \$5-10Million \$2,195
 Gross sales > \$10Million \$3,495

Individual Memberships*

Educator membership \$75
 Student membership \$25
 Retiree membership \$75

Subscriptions*

Publication Subscription - \$50

Visit AmericanHort.org/Join for details on membership levels and services.

Membership Total \$ _____

4 Customize Your Experience

Circle your selections and total at the bottom.

	By June 21		After June 21	
	Member Price	Price	Member Price	Price

ALL ACCESS PACKAGES *Unlimited access to sessions, trade show, and events.*

All Access 4-Day BEST VALUE	\$205	\$305	\$350	\$450
All Access 4-Day Educator/Researcher	\$100	\$145	\$125	\$190
All Access 4-Day Student	\$0	\$40	\$0	\$65

EXPO PACKAGE *Does not include sessions, tours, or workshops.*

Expo Plus	\$25	\$45	\$35	\$55
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UPGRADE YOUR EXPERIENCE

Succession Planning Workshop	\$125
BioControls Workshop	\$125
CareerJP: Define Your Future	\$125
Floriculture Tour	\$125
Retail Tour	\$125
Nursery Tour	\$125
Urban Ag Tour	\$65
International Plantscape Awards Celebration	\$125

Registration Total \$ _____

5 Payment Information

Registration Total \$ _____

Membership Total \$ _____

Optional Industry Contributions

Horticultural Research Institute** \$10 \$25 \$50 \$ _____

Jack Williams Scholarship Fund** \$10 \$25 \$50 \$ _____

**Consult your tax advisor for deduction information.

Grand Total \$ _____

VISA MasterCard American Express US Check payable to ShowCare

Card Number _____

Expiration Date _____

Credit Card Billing Address _____

City

State/Province

Zip/Postal Code

Authorized Signature - I hereby agree to the terms and conditions of my card issuer agreement.

i Photo Policy. AmericanHort photographs meetings and events for the use in association advertising, newsletters, and other promotional materials, whether in print, electronic, or other media, including the AmericanHort website. By participating in this conference you grant AmericanHort the right to use your name and photograph for such purposes.

Refunds, changes, cancellations, and other policies can be viewed at Cultivate17.org/Policies.

This form is for reserving a hotel room only and will not be processed without a registration form. Registration for Cultivate'17 is a separate form.

1 Your Contact Information

Please print. Please use one form per room reservation. Confirmations will be sent to the person listed here.

First Name		Last Name		Arrival Date	Departure Date
Company		Room Request			
Address		<input type="checkbox"/> Single <input type="checkbox"/> Double (1 bed) <input type="checkbox"/> Double (2 beds) <input type="checkbox"/> 3-4 People <input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Other _____			
City	State/Province	Zip/Postal Code		Additional Person(s) in Room	
Country	Email	1. _____			
Phone	Fax	2. _____			
		3. _____			

2 Your Reservation Details

3 Select Your Hotel

Number all hotels in order of preference. Assignments are based on preferences and availability. Preferences not marked may be assigned.

Hotel Preference	Single 1 person	Double 2 people	Triple/Quad 3-4 people
___ Columbus Renaissance	\$139	\$139	\$135
___ Crowne Plaza Hotel	\$142	\$142	\$142
___ Courtyard by Marriott	\$144	\$144	\$144
___ DoubleTree	\$142	\$142	\$142
___ Drury Inn & Suites	\$124	\$124	\$134
___ Hilton Columbus Downtown	\$155	\$155	\$155
___ Holiday Inn at Capitol Square	\$129	\$129	\$129
___ Hyatt Regency Columbus	\$145	\$145	\$145
___ Red Roof Inn	\$113	\$113	\$113
___ Sheraton on Capitol Square	\$137	\$137	\$137
___ The Joseph	\$202	\$202	\$227
___ The Lofts Hotel	\$205	\$205	\$205
___ Hyatt Place Columbus/OSU	\$162	\$162	\$162
___ Marriot Courtyard Columbus OSU	\$162	\$162	\$162



Confirmations You'll receive a confirmation from Showcare within 48 hours of processing. This is the only hotel confirmation you will receive.

Hotel Guarantee Rooms are assigned on a first come, first-serve basis. Failure to receive your hotel of choice does not constitute an error.

Changes, cancellations, and other policies can be viewed at AmericanHort.org/CultivatePolicies.

4 Payment Information

VISA MasterCard American Express US Check payable to onPeak

Card Number _____

Expiration Date _____

Credit Card Billing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Authorized Signature - I hereby agree to the terms and conditions of my card issuer agreement.



Reservations Open

Via online, phone, fax, and mail



Last day to:

- Reserve hotel room
- Register at discounted pricing
- Request a refund for hotel reservation deposit