



# Registration and Application

## Conference - Pre Conference Classes - Membership JANUARY 28 - January 31, 2025

Host Hotel: Fairmont Hot Spring - 1500 Fairmont Rd, Fairmont, MT - 800-332-3272

REFERENCE: AMTOPP CONFERENCE FOR GROUP RATE **PRIOR TO 1/4/25**

Company Name: (as it should appear on badge) \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Website: \_\_\_\_\_

**Please list those attending the conference here, (note they must be from the same company, at the same address). Each individual must be employed by this company to receive the member rate. Please note discounted rate after two full price attendees from same member firm.**

- |           |           |           |
|-----------|-----------|-----------|
| 1) _____  | 2) _____  | 3) _____  |
| 4) _____  | 5) _____  | 6) _____  |
| 7) _____  | 8) _____  | 9) _____  |
| 10) _____ | 11) _____ | 12) _____ |

### Membership Section for Regular and Associate - New and Renewal

Membership Regular - has a pesticide license	\$115 per company	\$
Membership Associate - no pesticide license	\$50 per company	
<b>TOTAL MEMBERSHIP</b>		\$

Conference Registration - (postmark is registration date)					Pre Conference Classes (M=member \$; NM=non member \$)					
	Pre-Register Prior 12/22/2024	Post-Register After 12/22/24	How Many	Conference Total	First Aid \$100 per person	Insurance Coverage Included w/ conf regis- tration	Chain Saw Repair & Maintenance Included w/conf registration	EHT \$250 - M \$300 - NM	Pre Conference Classes Total	Grand Total Conference and Classes
Member Rates - 1st two regis- trations (each)	\$325	\$360		\$					\$	\$
Additional attendees (each) <i>(after 2 @ above \$)</i>	\$310	\$345		\$					\$	\$
Non-Member Rates	\$451	\$495		\$					\$	\$
Spouse/Additional - meals only (served Thurs & Fri)	\$175	\$175		\$					\$	\$
<b>TOTAL</b>	conf reg & additional meals			\$					\$	\$
<b>Grand Total includes: Membership - Conference - Pre Conference Classes</b>					<b>(M=member fee; NM=non member fee)</b>					<b>\$</b>

**Please list those attending the pre-conference classes here and circle the class they are attending. E=EHT; C=ChainSaw; FA=First Aid; I=Insurance**

- |             |             |             |
|-------------|-------------|-------------|
| 1) E/C/FA/I | 2) E/C/FA/I | 3) E/C/FA/I |
| 4) E/C/FA/I | 5) E/C/FA/I | 6) E/C/FA/I |
| 7) E/C/FA   | 8) E/C/FA/I | 9) E/C/FA/I |
| 10) E/C/FA  | 11) E/C/FA  | 12) E/C/FA  |

Conference registration includes attendance to all seminars, trade show and meals served during the conference. It does not include the Pre Conference Classes.

Please **make checks payable to AMTOPP**. Mail completed form with check to:  
AMTOPP, 173 Cottonwood Rd., Townsend, MT 59644-9533. You may pay with a credit card through PayPal on the website: [www.amtopp.org](http://www.amtopp.org). Note: there is a 5% convenience fee for all credit card charges.

**PLEASE NOTE: NO REFUNDS AFTER January 5, 2025**

*Silent Auction Items are appreciated and do not have to be related to our industry. If you would like a receipt, please send the value of the item(s) to [amtopp@amtopp.org](mailto:amtopp@amtopp.org)*

I agree to abide by the Association of Montana Turf, Ornamental, and Pest Professionals (AMTOPP) ByLaws and any other reasonable codes or standards established by AMTOPP. For By-Laws: see Membership Directory 2023 or contact the AMTOPP office.

Please note: All classes, sessions, speakers, and time are subject to change without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Payment: Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Billing Address (if different from above) : \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your signature above authorizes payment by this credit card. *A 5% convenience fee will be added to all CC charges.*

For AMTOPP Office use: Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ /PayPal ID #: \_\_\_\_\_

Added to: Membership File: \_\_\_\_\_ 1990 to Present File: \_\_\_\_\_ Conf. Registration: \_\_\_\_\_ Name Badges: \_\_\_\_\_ QB: \_\_\_\_\_