2017 APA ANNUAL MEETING

MEETING REGISTRATION

October 28-31, 2017 • Hyatt Regency Resort and Spa • Huntington Beach, California

REGISTRATION DEADLINE: **SEPTEMBER 21, 2017**

Company: _					Fax:				
Address:		City:			State:		Zip:		
Please list me	eting attendee names below as you would like the	m to appear c	n the badge.						
Attendee Na	mes Em	ail				Telephon	e		
SPOUSE INF	FORMATION (if attending)								
Spouse Nam	ise Names Em		lic			Telephone			
Number of	the appropriate fees shown below and indicate to amount accordingly.		Example:			mber of inc	lividuals attending and		
Number of	Fee	otal in the amo	Example: 2 Members 1 Spouse	@ \$545 @ \$215	= \$1090 = 215	mber of inc	dividuals attending and		
Number of	Fee Member* \$545 (After September 21, \$575)	Amount	Example: 2 Members	@ \$545 @ \$215 @ \$230	= \$1090	mber of inc	lividuals attending and		
Number of	Fee Member* \$545 (After September 21, \$575) Nonmember \$795 (After September 21, \$895)	Amount	Example: 2 Members 1 Spouse	@ \$545 @ \$215 @ \$230	= \$1090 = 215 = 230	mber of inc	dividuals attending and		
Number of	Fee Member* \$545 (After September 21, \$575) Nonmember \$795 (After September 21, \$895) Spouse \$215	Amount	Example: 2 Members 1 Spouse 1 Golf	@ \$545 @ \$215 @ \$230 TOTAL	= \$1090 = 215 = 230 = \$1535		dividuals attending and		
Number of	Fee Member* \$545 (After September 21, \$575) Nonmember \$795 (After September 21, \$895) Spouse \$215 SPECIAL EVENTS	Amount	Example: 2 Members 1 Spouse 1 Golf	@ \$545 @ \$215 @ \$230 TOTAL	= \$1090 = 215 = 230 = \$1535	cy: Registr			
Number of	Fee Member* \$545 (After September 21, \$575) Nonmember \$795 (After September 21, \$895) Spouse \$215 SPECIAL EVENTS Golf \$230	Amount	Example: 2 Members 1 Spouse 1 Golf APA Meeti golf and sp Payments	@ \$545 @ \$215 @ \$230 TOTAL ng Regist ecial event	= \$1090 = 215 = 230 = \$1535	cy: Registr	ation fees for the meeting,		
Number of	Fee Member* \$545 (After September 21, \$575) Nonmember \$795 (After September 21, \$895) Spouse \$215 SPECIAL EVENTS Golf \$230 Golf Clubs \$80	Amount	Example: 2 Members 1 Spouse 1 Golf APA Meeting golf and spouse Payments Check, compared to the compared to t	@ \$545 @ \$215 @ \$230 TOTAL ing Regist ecial event may be m	= \$1090 = 215 = 230 = \$1535 ration Poli is must accounted by:	cy: Registro	ation fees for the meeting, is form.		
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SPECIAL EVENTS

Please sign up for each event in which you would like to participate. Indicate the number of participants and the total on the reverse side of the form.

Mike St. John Memorial Golf Tournament – \$230

Sunday, October 29 8:00 a.m. Shotgun

			Club Rental \$80			
Names	Handicap Division	USGA Handicap Index	Yes	No		
☐ Have APA place me in a foursome. ☐ Will make up own	foursome.	Foursome captain:				
Cripple Coot Shoot—\$139 Sunday, October 29 8:00 a.m. – 2:00 p.m. Names:	(Included in R Monday, Octob	Safety and Health Workshop (Included in Registration) Monday, October 30 10:30 a.m.–5:00 p.m. Names:				
Ole Sorenson Memorial Tennis Tournament—\$50 Sunday, October 29 10:00 a.m.—1:00 p.m. Names:	Recognition					
Spouse's Program—\$140 Monday, October 30 (10:30 a.m.–2:30 p.m.) Please choose from one of the options below. Note that there is limited availability in each.	Names:					
1. Bolsa Chica Ecological Reserve and Lunch Experience the Bolsa Chica Conservancy with a guided nature tour. Enjoy lunch at Ola Mexican Kitchen.						
2. Havaianas and Lunch Custom decorate a pair of flip flops at Havaianas then enjoy lunch at Ola Mexican Kitchen.						

RETURN THIS FORM WITH PAYMENT BY September 21, 2017 OR FAX BOTH PAGES TO (253) 620-7245