

**Registration Form for February 6 and 7, 2025**  
**CNLP Day, Horticulture 101 Day and Trade Show & Education Conference**

Contact Name (Name to contact for questions about registration): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (Event updates and reminders will be emailed to this address): \_\_\_\_\_

**Thursday Registration – February 6, 2025**

**CNLP Day** recommended for CNLPs Arborists, Landscape Architects and CNLP Candidates)

**CNLP Day: Please List All Names of Attendees for CNLP Day**

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**Thursday Payment:** CNLP Day Registration – Buffet lunch included

Number of Participants \_\_\_\_\_ at \$70 per person

Total \$ \_\_\_\_\_

**Hort 101 Day : Please List Names of All Attendees for Horticulture Day**

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**Thursday Payment:** Horticulture 101 Day Registration - Buffet lunch included

Number of Participants \_\_\_\_\_ at \$70 per person

Total \$ \_\_\_\_\_

**Friday Registration - Trade Show & Education Conference – February 7, 2025**

**Please List Names of Attendees for Friday's Trade Show & Education Conference**

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**Friday Registration Payment:**

**PLANT WNY Members and NYSNLA Registration (Dues must be current):** Friday - Trade Show & Education Conference - buffet lunch included.

Group rate for 4 or more from the same company or organization.

Number of Participants \_\_\_\_\_ at \$85 per person

Total \$ \_\_\_\_\_

Four or More from Same Company Number of Participants \_\_\_\_\_ at \$75 per person

Total \$ \_\_\_\_\_

**Non-Member Rate (not a dues paying member of PLANT WNY):** Friday - Trade Show & Education Conference - buffet lunch included. Group rate for 4 or more from the same company or organization.

Number of Participants \_\_\_\_\_ at \$135 per person

Total \$ \_\_\_\_\_

Four or More from Same Company Number of Participants \_\_\_\_\_ at \$125 per person

Total \$ \_\_\_\_\_

**CCE Master Gardener (must have status of Master Gardener):** Friday - Trade Show & Education Conference - buffet lunch included.

Number of Participants \_\_\_\_\_ at \$100 per person\*

Total \$ \_\_\_\_\_

\*(For Master Gardener's your discount is already included)

**Grand Total:** \_\_\_\_\_

Make check payable to PLANT WNY Foundation and Mail to: PO Box 712, East Amherst, NY 14051

Questions:(716) 741-8047

Additional comments or information you would like to tell us: