

REGISTRATION FORM

2017 NEMF Samuel Ristich Foray, July 27-30, 2017,
Stratton Mountain Resort, Stratton Mountain, VT

Name(s): _____ City: _____ State: _____ Zip: _____

Phone: _____

Address: _____ e-mail: _____

Club Affiliation: _____

Male Female I would like to share a room with _____

Special requirements (e.g., handicap, vegetarian): _____

I need transportation from _____ to Stratton Mountain. I can provide transportation.

I would like to help with the foray. _____

Liability Waiver: ALL adult members in the group must sign and date.

By signing below, I release the Connecticut-Westchester Mycological Association, The Long Island Mushroom Club and Mid-Hudson Mycological Association, The New York Mycological Society, The Northeast Mycological Federation, Inc., officers and members, Stratton Mountain Resort, my fellow Foray participants and instructors from any and all liability and loss arising from any accident, injury or illness which may result from activities of the NEMF Samuel Ristich Foray.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Fees: All fees are per person

	Amount		Attendees	Enclosed
Single Occupancy, (Air-Conditioned) Thu-Sun, 8 meals	610.00	x	_____ =	_____
Single Occupancy, (Air-Conditioned) Fri-Sun, 6 meals	460.00	x	_____ =	_____
Double Occupancy, (Air-Conditioned) Thu-Sun, 8 meals	420.00	x	_____ =	_____
Double Occupancy, (Air-Conditioned) Fri-Sun, 6 meals	330.00	x	_____ =	_____
Double Occupancy, (NOT Air-Conditioned) Thu-Sun, 8 meals	390.00	x	_____ =	_____
Double Occupancy, (NOT Air-Conditioned) Fri-Sun, 6 meals	310.00	x	_____ =	_____
Triple Occupancy, (Air-Conditioned) Thu-Sun, 8 meals	350.00	x	_____ =	_____
Triple Occupancy, (Air-Conditioned) Fri-Sun, 6 meals	320.00	x	_____ =	_____
Children's (10 and under) rate, (Air-Conditioned) Thu-Sun, 8 meals	200.00	x	_____ =	_____
Children's (10 and under) rate, (Air-Conditioned) Fri-Sun, 6 meals	175.00	x	_____ =	_____
Commuter or (Children 17 and under), Thu-Sun, 8 meals	250.00	x	_____ =	_____
Commuter or (Children 17 and under), Fri-Sun, 6 meals	215.00	x	_____ =	_____
Commuter, Sat. only, 3 meals incl. banquet, mycophagy	160.00	x	_____ =	_____
Late Fee (after May 26, 2017)	30.00	x	_____ =	_____

TOTAL AMOUNT _____

I am paying by check payable to **NEMF** drawn on a US bank for the total amount.

I wish to use **PayPal** to pay registration fee. PayPal surcharge will be added to your invoice. (Mail this form)

Registration Closes: June 27, 2017

Please mail check and this form to:

Laura Biscotto
9 Stanton St. #2C
New York, NY 10002

Questions:

e-mail Registrar <2017nemf@gmail.com>
or call Reema Keswani at 917-673-7900
or visit <http://nemf.org>

Confirmation of registration will be sent by e-mail or by regular mail if no e-mail address is provided.
Cancellation policy: Prior to 6/25/2017, refunds are subject to a \$30 cancellation fee. After that date, call registrar.