**PLEASE PRINT OR TYPE**

Name: (first) _______________________________  (last) __________________________________ Title: (Dr./Mr./Ms./Mrs.) ______________

Organization: ____________________________________________________________________________________________________

Division/Unit: ________________________________________________________  Position Title: _______________________________

Business Address:  ________________________________________________________________________________________________

City: ________________________________________________  State: ______________________ Zip: __________________________

Phone: ____________________________ Fax: ___________________________  E-mail: ______________________________________

What is Your Primary Discipline? (Check One)

- Environmental Education
- Fisheries
- Forest Products
- Forest Management
- Fisheries
- Home Environment
- Public Policy
- Range Management
- Sea Grant
- Other:

Are you a member of the Association of Natural Resource Extension Professionals (ANREP)?  
- Yes  
- No

Would you like to receive information about becoming a member of ANREP?  
- Yes  
- No

**Registration Fee:** The registration fee, combined with sponsorship funds, includes conference participation and materials, Monday morning, mid-morning and afternoon refreshments, Tuesday afternoon refreshments, Wednesday morning and mid-morning refreshments, the Sunday welcome reception, and the Monday and Tuesday poster reception. The **field trip fee** includes transportation and participation for one of the field trips, morning refreshments and a boxed lunch. *Space is limited on field trips and registration will be on a first-come, first-served basis. The **guest fee** is available should your guest wish to attend the welcome reception. Guests are also welcome to register for a field trip.

Payment must accompany your registration form and be postmarked by April 15, 2002 to qualify for the early registration fee.

<table>
<thead>
<tr>
<th>FEE SCHEDULE</th>
<th>Register by April 15, 2002</th>
<th>Register after April 15, 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANREP Member Registration Fee (For current ANREP members only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$220</td>
<td>$270</td>
<td></td>
</tr>
<tr>
<td>Non-ANREP Member Registration Fee</td>
<td></td>
<td></td>
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<tr>
<td>$240</td>
<td>$290</td>
<td></td>
</tr>
<tr>
<td>Guest Fee (Sunday welcome reception only)</td>
<td>No. of people</td>
<td>No. of people</td>
</tr>
<tr>
<td>$25 x _______ = $_______</td>
<td>$25 x _______ = $_______</td>
<td></td>
</tr>
<tr>
<td>Tuesday Field Trip Fee (Select only one)</td>
<td>No. of people</td>
<td>No. of people</td>
</tr>
<tr>
<td>Corkscrew</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cypress Swamp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CREW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sawgrass Marsh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boat tour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coastal Mangrove</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$35 x _______ = $_______</td>
<td>$45 x _______ = $_______</td>
<td></td>
</tr>
</tbody>
</table>

# of _____ Vegetarian boxed lunch(es) requested (one boxed lunch per person)

$ __________ Total Amount  

Payable to: University of Florida Leadership & Education Foundation, Inc. (UFLEF) (US Currency Only)

Accompanying Guest Name(s):

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM / KEEP A COPY OF THIS FORM FOR YOUR FILES**
REGISTER IN ONE OF THREE EASY WAYS:

1. Pay by Credit Card and REGISTER ONLINE at: conference.ifas.ufl.edu/nrep
2. Pay by Credit Card and FAX this form to OCI at: 1-352-392-9734
3. Pay by Check, Credit Card, Money Order or Purchase Order and MAIL this form with payment to OCI as indicated below.

Please make Check, Money Order, or Purchase Order payable to:
Univ. of FL Leadership & Education Foundation, Inc. (UFLEF) (U.S. Currency ONLY)
Fed. ID: 59-3104978

Mail this form with payment to:
NREP
Office of Conferences & Institutes
University of Florida/IFAS
P. O. Box 110750
Gainesville, FL 32611-0750 USA
[Phone: 352-392-5930]

-OR-
FAX registration form to the UF/IFAS Office of Conferences & Institutes at: 1-352-392-9734.

Journal Transfer Payments are not accepted.

Charge my: □ VISA □ Master Card □ American Express □ Discover (No other cards accepted)
Credit Card #: ___________________ Exp. date: _______________ Amount: $ _______________
Name of cardholder: _______________________________________________________________________________________________
Signature: ________________________________________________________________________________________________________

Note: If making payment for multiple participants, submit a registration form for each individual and list all names on the form of payment. This will ensure proper crediting for each registrant.

Refund Policy: Requests for registration, field trip and guest refunds will be honored if the Office of Conferences and Institutes (OCI) receives written notification of cancellation on or before May 10, 2002. A $40.00 processing fee will be deducted from all registration refunds. A $10.00 processing fee will be deducted from all guest refunds. No refunds will be honored after May 10, 2002.

In compliance with requirements of the Americans with Disabilities Act (ADA), participants with special needs can be reasonably accommodated by contacting the Office of Conferences & Institutes (OCI) at least 10 working days prior to the conference. We can be reached by phone at 1-352-392-5930, by fax at 1-352-392-9734, or by calling 1-800-955-8771 (TDD. Within the State of Florida)

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

KEEP A COPY OF THIS FORM FOR YOUR FILES

OFFICE USE ONLY

Receipt #: ___________________ Check #: ___________________ Cash: ___________________
Date Received: ________________ PO #: ___________________ Money Order: ___________________ Amount Received: ________________