

**2012 Samuel Ristich Foray: 36th Annual Foray – Northeast Mycological Federation
August 2--5, 2012 - East Stroudsburg State University**

**Registration Form
Registration closes July 15. A late fee applies after June 15.**

Name(s): (Nickname for nametag?) _____ Organization and/or Hometown _____ If child, age _____

Address: _____ Phone(s): _____
_____ Email: _____

____ I want to share a room/suite with: _____
____ Please assign a roommate. I am ____ male ____ female
____ I would prefer a single room and will pay the supplement.

Liability waiver-ALL adults in your party must sign: By signing below, I release East Stroudsburg State University and the Northeast Mycological Federation, Inc., the host clubs, their officers and members, foray participants and instructors from any and all liability and loss arising from any accident, injury or illness which may result from activities while attending the NEMF foray.

Print name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need more lines, attach a copy of this sheet.

Special needs (We will do our best to accommodate needs such as handicap access, special dietary, late arrival, etc.):

____ I will need transportation to ESU. ____ I can provide transportation to ESU. ____ I can help at the foray.
____ I am interested in being a vendor. Please send further information.

Fees (see note below):	<u>Number of persons</u>	<u>Fee</u>	<u>Total</u>
➤ Commuter conference fees, all four days:			
All activities except meals, but including mycophagy	_____ X	\$150 =	_____
➤ Resident (double occupancy rate is per person):			
-Adult: 3 nights (Thurs.-Sat.), double occupancy	_____ X	\$340 =	_____
-Adult: 2 nights (Fri.-Sat), double occupancy	_____ X	\$265 =	_____
-Child 4 to 12: 3 nights in suite with parents	_____ X	\$150 =	_____
-Child 4 to 12: 2 nights in suite with parents	_____ X	\$115 =	_____
-Single supplement:	_____ X	\$30 =	_____
➤ Late registration (after June 15):	_____ X	\$30 =	_____
➤ 2012 T-shirt ____ XXL + ____ XL + ____ L + ____ M + ____ S	_____ X	\$14 =	_____

Note: 3 nights includes 9 meals (Thurs. dinner—Sun. lunch), while 2 nights includes 6 meals (Fri. dinner—Sun. lunch).

Total owed: _____

Make check out to NEMF (in US dollars on a US bank) for the total, and mail with this form to: NEMF registration
C/o John and Cheryl Dawson
393 Waters Road
York, PA 17403-4751

Confirmation of registration and detailed directions will be sent by email if an address is provided, otherwise by regular mail. Questions may be directed to the registrars, John or Cheryl Dawson, by email at nemf2012@comcast.net, by phone at 717-846-1225, or by FAX at 717-854-4903. Find more information at www.nemf.org or www.nemf2012.org.