



# What's in Your Garden?

## Registration Form

Please send a copy of this form for each person you are registering, with payment, to:

DHS XXXIII, P.O. Box 1145, Davidson, NC 28036.

Make checks payable to: **Davidson Horticultural Symposium XXXIII** (or DHS XXXIII).

Name (as you wish it to appear on nametag):

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Occupation or Affiliation:

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Address, City, State, Zip:

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Email Address or Phone Number:

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***Please check all that apply:***

- Tuesday, March 7, 2017 (\$98.00)  
Total day registration including breaks, meal, and handouts
- Please indicate if vegetarian or gluten-free meal is necessary.
- Please indicate if wheelchair accommodation is necessary.
- If you are a landscape architect and need proof of your attendance for your Continuing Education Credits, please check this box.  
(NCBLA approved 5.0 hours Continuing Education Credits)
- Confirmation via U.S. Postal Service (no email address)

\$\_\_\_\_\_ TOTAL ENCLOSED

If you are a student, please contact us as there may be sponsorship funds available to help defray the cost of your attendance.

**For more information, please contact us at [davidsonsymposium@gmail.com](mailto:davidsonsymposium@gmail.com).**