ARBO 2024 ANNUAL MEMBERSHIP MEETING
June 16-18, 2024
Renaissance Hotel
Nashville, Tennessee

MEETING REGISTRATION FORM

The following must be completed and received at the ARBO office no later than May 31, 2024.

- Register your delegates who will be attending by completing this registration form and returning it, along with your payment, to the ARBO office: 3440 Toringdon Way, Suite 205 PMB #20533, Charlotte, NC 28277 or fax the form to 888.703.4848 or scan and email the form to arbo@arbo.org.
- ARBO’s Federal Identification Number is 23-7091523.

Voting/Non-Voting Delegate Registration Fee: **$550** (Note: Life Members do not pay registration fee.)

**Member Board:** Jurisdiction Represented: _______________________________ Date of Registration: _______________

**Voting Delegate (limit 1 per jurisdiction)**

Name: ___________________________________________ Title: _______________________________________
Phone #: ________________________ Name badge to read: ________________________ ☐ 1st Time Attendee
Email: ____________________________ NOTE: Email is required to receive access to meeting app.

Any special requirements: ____________________________________________________________

**Non-Voting Delegate(s)**

Name: ___________________________________________ Title: _______________________________________
Phone #: ________________________ Name badge to read: ________________________ ☐ 1st Time Attendee
Email: ____________________________ NOTE: Email is required to receive access to meeting materials.

Any special requirements: ____________________________________________________________

Name: ___________________________________________ Title: _______________________________________
Phone #: ________________________ Name badge to read: ________________________ ☐ 1st Time Attendee
Email: ____________________________ NOTE: Email is required to receive access to meeting materials.

Any special requirements: ____________________________________________________________

Name: ___________________________________________ Title: _______________________________________
Phone #: ________________________ Name badge to read: ________________________ ☐ 1st Time Attendee
Email: ____________________________ NOTE: Email is required to receive access to meeting materials.

Any special requirements: ____________________________________________________________
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- ARBO’s Federal Identification Number is 23-7091523.

Non-Member/Observer Registration Fee: $650

Name: ___________________________________________ Title: ___________________________________________
Phone #: __________________________ Name badge to read: ___________________________________________
Email: ___________________________________________ NOTE: Email is required to receive access to meeting materials.
Any special requirements: _______________________________________________________________________

Spouse/Guest—$35.00 Registration Fee includes breakfast, lunch and reception.

Guest name badge to read: _______________________________________________________________________

Amount Due:

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
<th>Amount</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voting Delegate (1 per jurisdiction)</td>
<td>x</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Non-Voting Delegates</td>
<td>x</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>ARBO Life Member</td>
<td>x</td>
<td>$ 0</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Observer</td>
<td>x</td>
<td>$____</td>
<td>$____</td>
</tr>
<tr>
<td>Spouse/Guest</td>
<td>x</td>
<td>$ 35.00</td>
<td>$____</td>
</tr>
</tbody>
</table>

Total Amount Due: $_____

☐ Enclosed is a check in the amount of $______________
☐ Please charge to my credit card: Card type: ☐ Visa ☐ Mastercard ☐ American Express

Name on card: ____________________________________________________________
Card #: _______________________________________________________________
Expiration Date: _______________________
CVV Number: _______________________
