MEETING REGISTRATION FORM

The following must be completed and received at the ARBO office no later than May 29, 2023.

- 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: ___________________________________________________________
# ARBO 2023 ANNUAL MEMBERSHIP MEETING

**June 18-20, 2023**  
**Hilton Old Town Hotel**  
**Alexandria, Virginia**

## M E E T I N G   R E G I S T R A T I O N   F O R M

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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>Delegation Type</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:  
  - [ ] Visa  
  - [ ] Mastercard  
  - [ ] American Express

Name on card: ____________________________________________

Card #: ____________________________________________  
Expiration Date: ______________________________________

CVV Number: ____________________________