



REGISTRATION FORM

	Early Bird <i>Register by April 12</i>	Regular <i>Register by May 6</i>	Quantity	Amount
Member				
First Registrant	\$395	\$495		\$
Additional Registrants <i>Must use one form of payment</i>	\$195	\$245		\$
Group Pricing – 6 Registrants <i>Must use one form of payment</i>	\$1,175	\$1,475		\$
Group Pricing – 12 Registrants <i>Must use one form of payment</i>	\$2,000	\$2,450		\$
Non-Member				
First Registrant	\$895	\$995		\$
Additional Registrants <i>Must use one form of payment</i>	\$395	\$495		\$
			TOTAL DUE	\$

REGISTRATION INFORMATION

Full Name _____ Title _____

Company Name _____ Address _____

Email Address _____

Is this your first time to attend ASTA Online/ASTA Annual Meetings & Exhibits? Yes No

If you are registering multiple attendees from your company, please use the space on page 2 to add their information.

PAYMENT INFORMATION (select one)

Check Payment: Make check payable to American Spice Trade Association and mail your payment with this form to:

1101 17th Street NW, Suite 700, Washington, DC 20036 USA

Your registration will not be processed until payment is received.

Credit Card Payment:

Name on Card: _____ Credit Card Number: _____

Expiration Date: _____ Signature: _____

Register online at www.astaspice.org

Questions? Phone: (202) 331-2460 * Email: info@astaspice.org

REGISTRATION POLICIES

MEMBERS ONLY GROUP PRICING: Group Pricing option is available to ASTA members only. One form of payment must be used for the total balance, and all registrant names are required before group registrations can be processed. **Group Pricing for 12 registrants may only be submitted using this registration form.** Group Pricing for 6 registrants may be done online at www.astaspice.org.

ADDITIONAL REGISTRANTS DISCOUNT: To receive the discounted rate for additional registrants from the same company, **all employees must register together and use one form of payment.** If registering online, the Primary Contact for your company is the only person who can register multiple attendees at once.

CANCELLATIONS & SUBSTITUTIONS: No refunds will be given for cancellations. Attendee substitutions may be made at any time up until April 30, 2021 provided that the substitute is from the same company.

DATA COLLECTION: By completing this event registration form, ASTA is collecting your name, email, address, company affiliation, personal preferences and payment information so that ASTA can facilitate, process and confirm your registration for this event. Additionally, unless otherwise expressly requested to ASTA, by completing the following event registration form, your name, address and company affiliation will be included in the ASTA event attendee list which is provided electronically and in hardcopy to other ASTA event attendees and speakers.

MULTIPLE REGISTRATIONS FROM SAME COMPANY

All attendees must have their own unique email address to access the virtual event.

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 th Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 th Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 th Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 th Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 th Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 th Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 th Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 th Registrant's Name	Email Address	First Time Attendee?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 th Registrant's Name	Email Address	First Time Attendee?

Register online at www.astaspice.org

Questions? Phone: (202) 331-2460 * Email: info@astaspice.org