

'IN THE COMPANY OF TREES'

January 25 & 26, 2024 PAAM CONFERENCE

Eagle Ridge Conference Center

1500 Raymond Lake Road, Raymond, MS 39154

Registration: \$150 + \$25 PAAM Membership (Non-member \$200)

Registration after Jan 12, 2024 + \$50 (2 Breakfast and 1 Lunch provided)

ISA & SAF Continuing Education available

Hotel rooms are available at the Eagle Ridge Conference Center

For reservations call (601) 857-7100 and mention PAAM \$89 for a Double Room, and \$129 for a King Suite

Conference on-site registration begins at 7:30 a.m. Program starts at 8:30 a.m. on January 25

ISA certification exam offered on 01/26/2024 @ 12:30 p.m. Pre-register through https://www.isa-arbor.com/Credentials/Exam-Information

For more information contact Josh Granger at (865) 599-4494, jjg353@msstate.edu, or Kathy Coker at (601) 490-2187, coker77@icloud.com

<u>arborist.assn.ms@gmail.com</u> <u>www.paam-ms.com</u>



Professional Arborist Association of Mississippi 2024 Annual Conference Registration January 25 & 26

NAME/TITLE:	:		
COMPANY:			
ADDRESS:			
CITY/STATE:		Zip:	
PHONE:		E-MAIL:	
Individual and Groups (price is per person)			
\$	\$175	Full conference registration for 1 or 2 days; Includes \$25 PAAM membership dues Registration after Jan. 12, add \$50	
\$	\$200	Full Conference registration for 1 or 2 days for non-PAAM members Registration after Jan. 12, add \$50	
Exhibitor/Vendor			
\$	\$350	Full conference for 2 associates & tabletop exhibit space; After Jan. 12, add \$50	
\$	\$150	Each additional associate until 01/12/2023; After Jan. 12, add \$50 Total no. of additional associates:	
Scholarship Fund			
\$		Donation to the Arboriculture / Urban Forest Memorial Scholarship established for deserving students enrolled in the MSU College of Forest Resources with a focus in urban forestry.	
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METHOD OF PAYMENT: (next page for credit card payments)			
PAY BY CHECK: Check No			
Mail this form and check (payable to 'PAAM') to: PAAM, P.O. Box 481, Meridian, MS 39302			

For more information: Contact Kathy Coker, Administrative Coordinator,

at email: coker77@icloud.com, phone: (601) 490-2187

PAY BY CREDIT (CARD:
VISA	MASTERCARD DISCOVER
Card Number:	 _
Exp. Date:	CVV No.: (on back of card)
Name on Card:	
Billing Address:	(Address, City, State, and Zip Code)
SIGNATURE:	
Mail this form with	redit card information to: PAAM, P.O. Box 481, Meridian, MS 39302

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