

# 2024 CSBA | CONVENTION

Join the Swarm

## CONVENTION REGISTRATION FORM

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

EMAIL \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

Would you like to receive text notifications about convention?  YES

MAILING ADDRESS \_\_\_\_\_

**ADDITIONAL FAMILY MEMBERS** – If applicable, flat reduced rate for additional family members. Covers all three days of sessions and receptions. \_\_\_\_\_

*Please Note: Early Bird Registration ends October 21st.*

- |   |  |
|---|--|
| <input type="checkbox"/> <b>THREE DAY REGISTRATION</b>  | Early Bird (Deadline Oct 21st)   Full Price (After Oct 21st) |
| Voting CSBA Member  | \$200 _____ \$250 _____                                      |
| Non-Voting CSBA Member  | \$250 _____ \$300 _____                                      |
| Non CSBA Member   | \$300 _____ \$350 _____                                      |
| <input type="checkbox"/> <b>THREE DAY ADDITIONAL FAMILY MEMBER</b>                                    | QTY _____ \$150 _____ \$200 _____                            |
| *Price is per family member for three days of informational sessions.                                 |  |
| <input type="checkbox"/> <b>SINGLE DAY REGISTRATION</b>   | \$150 _____ \$200 _____                                      |
| <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY |  |

ADDITIONAL OPTIONS

- |  |                      |                               |
|--|----------------------|-------------------------------|
| <input type="checkbox"/> BOWLING WITH THE BOARD   MON, NOV 18TH   FREE                             | QTY _____            |                               |
| *Shoe rental required to play  |                      |                               |
| <input type="checkbox"/> RESEARCH LUNCH TICKET   WED, NOV 20TH   \$70                              | QTY _____            | VEGETARIAN QTY _____ \$ _____ |
| *Keynote Speaker: Diana Cox-Foster, USDA ARS   |                      |                               |
| <input type="checkbox"/> MEMBER BREAKFAST   THUR, NOV 21ST   | QTY _____            | VEGETARIAN QTY _____ \$ _____ |
| <input type="checkbox"/> VOTING MEMBER, COMPLIMENTARY, <b>PLEASE MARK IF YOU PLAN ON ATTENDING</b> |                      |                               |
| <input type="checkbox"/> NON-VOTING MEMBER   \$55  |                      |                               |
| <input type="checkbox"/> LEGISLATIVE ROUNDTABLE LUNCH   THUR, NOV 21ST   \$50                      | QTY _____            | \$ _____                      |
| Join us for a lunch that supports the CSBA legislative efforts! Keynote speaker to be announced.   |                      |                               |
| <input type="checkbox"/> GEORGE HANSEN PAINTING RAFFLE TICKETS   \$10 for 1 or \$100 for 12        | QTY _____            | \$ _____                      |
| All proceeds will be donated to Project Apis m, attendance not required to win.                    |                      |                               |
| <input type="checkbox"/> ANNUAL BANQUET TICKET   THUR, NOV 21ST   \$120 Adult, \$80 Child          | QTY _____            | \$ _____                      |
|  | VEGETARIAN QTY _____ | KIDS QTY _____                |
| <input type="checkbox"/> KING BEE DONATION (VOLUNTARY CONTRIBUTION, MINIMUM OF \$250)              |                      | \$ _____                      |
| <input type="checkbox"/> RIGHT TO FARM DONATION (VOLUNTARY CONTRIBUTION)                           |                      | \$ _____                      |
| *Supports CSBA's legislative activities  |                      |                               |
| <input type="checkbox"/> RESEARCH DONATION (VOLUNTARY CONTRIBUTION)                                |                      | \$ _____                      |

**TOTAL ALL ITEMS** \$ \_\_\_\_\_

*Complete payment information on next page*

**PAYMENT INFORMATION**

Credit/Debit Card     Check # \_\_\_\_\_ \*Make checks payable to CSBA. Memo: Convention

Card # \_\_\_\_\_

CVV \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Zip \_\_\_\_\_

Cardholder Name and Signature \_\_\_\_\_

Email copy of receipt to \_\_\_\_\_

**Registration Cancellation Policy**

Conference registrations cancelled by October 21, 2024, will be refunded in full. There will be no refunds for registrations cancelled after October 21, 2024.

**Hotel Reservations – Grand Sierra Resort, Reno, Nevada**

**Book Online:** <https://book.passkey.com/go/SBEE24>

**SCAN ME TO MAKE HOTEL RESERVATIONS!**



**Book via Phone: 1-800-648-5080**, group code is **SBEE24**

Group room rate for a single or double room per night is \$98.00 plus a daily \$29.95 resort fee. This rate is subject to applicable state and local taxes at the time of check in. Cancellations must be made with the hotel 72 hours before scheduled arrival.

**PLEASE BOOK AS SOON AS POSSIBLE, DEADLINE FOR BOOKING AT THIS REDUCED RATE IS **FRIDAY, OCTOBER 25TH** OR UNTIL OUR ROOM BLOCK IS FILLED.**

RETURN FORM TO:  
California State Beekeepers Association  
1521 I Street  
Sacramento, CA 95814

You may also email your form to Brooke at ([brooke@agamsi.com](mailto:brooke@agamsi.com)) or fax to (916-446-1063).  
If you have questions, please call us (916-441-0302).