

NMMS/4cmc Conference & Foray

August 23-26, 2012 • Pagosa Springs, CO

Hosted by the New Mexico Mycological Society and the 4 Corners Mushroom Club

Registration is open to members of NMMS, 4cmc, MSA, NAMA, and NAMA affiliates.

Name 1:
Name 2: <b style="color: red;">Reservation Deadline August 7 2012
Additional name(s)
Address:
City/ State/ Zip:
Phone (Day):
Phone (Evening):
E-mail:

<p style="text-align: center;">Lodging and Foray Headquarters will be at the Pagosa Lodge (address and phone# on page 2)</p> <p>Will you staying at the Pagosa Lodge ? <input type="checkbox"/> (yes)</p> <p><input type="checkbox"/> No, I will use alternate accommodations (specify please):</p>
<p>Vegetarian Meals? <input type="checkbox"/> Yes, # <input type="checkbox"/> No</p> <p style="color: red; text-align: center;">Note: Breakfast is included with participants' room rental at the Pagosa Lodge. Those not staying at Pagosa Lodge may purchase breakfast there for \$5 per meal.</p>

Volunteers are essential! Please sign up for one or more of the following:

<input type="checkbox"/> Registration (2-4) – must arrive before 4 PM Thursday, Aug 23 (good opportunity for new members to meet other members)	<input type="checkbox"/> Trip Leader (8-10) – lead group of vehicles on field trips, make sure field slips are filled out, bring 'em back alive	<input type="checkbox"/> Galley Slave (3-6) – Set up, support, and cleanup of Saturday's cooking demonstration. May include some food preparation
<input type="checkbox"/> Set up (2-4 volunteers) Thursday, Aug 23, must arrive before 4 PM	<input type="checkbox"/> Collection & Display (6-8) – sort, ID, label, record & place on collection tables	<input type="checkbox"/> Clean up (4-6) – pick up and pack up at conclusion of Foray (Aug 26 - plan to stay a bit late – probably done by noon or 1)
<input type="checkbox"/> Other:		

Vendors: We will have limited space for vending books, cards, magazines, etc. Vendors must be registered for the Foray, and are subject to approval by the Foray Committee. Please include a brief list or description of merchandise you plan to sell at the Foray :

Foray Fee \$100.00 (Children under 12: \$50.00) Covers	Cost	Quantity	Total
<ul style="list-style-type: none"> Foray supplies & Mycologists' costs Sack lunch & buffet dinners on Friday and Saturday 			
Friday Only \$50.00 (includes lunch & dinner)			
Saturday Only \$50.00 (includes lunch & dinner)			
Reservation Deadline: August 7, 2012		Grand Total	

Foray Registration begins Thurs, Aug 23 at 4 PM - **No dinner served on Thursday**
Please read and complete page 2 of this form.

- **Make your check payable to: NMMS (New Mexico Mycological Society).**
- **Be sure to sign and date the release at the bottom of this application form.**

Return this registration form and your check by **August 7, 2012** to:

NMMS Treasurer
 PO Box 35164
 Albuquerque, NM 87176-5164

Lodging and Foray Headquarters will be at the

Pagosa Lodge
 3505 West Highway 160
 Pagosa Springs, CO 81147
 Telephone **970-731-4141 (fax 970-731-4343)**
 Website: **PagosaLodge.com**

Participants are responsible for reserving their own lodging

Call as soon as possible to secure your room(s). To ensure the discounted room rate of \$80 per night (plus tax), inform Pagosa Lodge that you will be attending the Mushroom Conference.

For maps and additional information refer to: **www.Mycowest.org**
 Email contact: **foray@mycowest.org**

The NMMS/4cmc Conference is open to members of NMMS, 4cmc, MSA, NAMA, and NAMA affiliates. Please include club affiliation below. Write Names as you wish them to appear on your Name Tags.

For Name Tags (please print):

Name	Hometown	Club Affiliation(s)

LIABILITY WAIVER

As a condition of participation in the 2012 NMMS / 4cmc Foray, I hereby release 4cmc, NMMS, their officers and members from any and all liability for loss arising from any accident, injury, or illness which may result from Foray activities. Examples of such activities include, but are not limited to, hiking in the forest, ingesting improperly identified mushrooms, and vehicular accidents. Each person signing below acknowledges that (s)he has carefully read and agrees to this liability waiver.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____