

The North American Mycological Association
Hosted by the Western Pennsylvania Mushroom Club
In the Black Forest of Pennsylvania
2011 Dr. Dick Homola Memorial Foray
 Thursday, August 4 – Sunday, August 7, 2011

Name of each participant as you wish it to appear on your name tag. Deadline for registration: **May 31, 2011**

Names: _____

Address: _____

City, State, Zip: _____

Phone: Day (_____) _____ Evening (_____) _____ email: _____

Local club affiliation(s) for name tags: _____

Name of preferred roommate: _____ Assign roommate: Male ___ Female ___

Do you require vegetarian meals or have other special concerns? _____

Registration Fees -- All Fees are per person:

Conference: Thursday Aug. 4 to Sunday Aug. 7

3 room nights, 8 meals from Thursday dinner through Sunday brunch, all programs and forays	# _____	@ \$330 each	\$ _____
Waiver Reason _____	# _____	@ 0	\$ _____
Single Supplement	# _____	@ \$130	\$ _____

Off site (meals, programs, forays, no rooms)	# _____	@ \$255 each	\$ _____
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NAMA Trustees Meeting: Tuesday Aug.2 to Thursday Aug. 4

2 room nights, 6 meals, Tuesday dinner – Thursday lunch	# _____	@ \$120 each	\$ _____
Single Supplement	# _____	@ \$80	\$ _____

Ascomycetes Workshop: Thursday Aug. 4

1 room night, Wed. dinner – Thursday lunch (1 night, 3 meals, microscopes, and all materials)	# _____	@ \$120 each	\$ _____
Single Supplement	# _____	@ \$40	\$ _____

NAMA membership (required if not current) (You must be a NAMA or WPMC member to attend)	# _____	@ \$35	\$ _____
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Mycology student (limit 4) discount – Subtract University _____ Professor _____ Professor's email _____ Professor's phone number _____ (Does not apply to Voucher Team)	# _____	@ – \$100	\$ _____
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After February 28, 2011 add	# _____	@ \$10 each	\$ _____
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After April 30, 2011 add	# _____	@ \$20 each	\$ _____
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TOTAL \$ _____

Make checks payable in US funds to: WPMC/NAMA 2011

Mail to: WPMC/NAMA 2011, Becky Plischke, 129 Grant Street, Greensburg, PA 15601

Questions? Call Becky 724.834.2358 Email to morelbp@aol.com

Cancellation Policy: If you need to cancel your plans to attend the Foray, we will refund all but \$50 if you cancel before May 15. From May 16 to June 15, we will refund half your registration fee. NO refund after June 15, 2011.

We must have a signed release for each person attending the foray.

Liability Release and Promise Not to Sue

I understand there is some risk in participating in a mushroom foray and conference, including, but not limited to, those risks associated with mushroom identification, walks, field trips, excursions, meetings, dining, damage to or loss of personal property by theft or misplacement and other expected and unexpected occurrences. I further realize that there is always the possibility of having an allergic reaction to or being poisoned by the eating of wild mushrooms and that these adverse reactions to eating wild mushrooms range from mild indigestion to fatal illness.

In registering for or attending this foray, I agree to assume total responsibility during this event for my own safety and well-being, and that of any minor children under my care, and for the protection of my and their personal property. I acknowledge that by signing below I release from liability and hold harmless The North American Mycological Association and The Western PA Mushroom Club, their trustees, officers, employees, contractors, and all other persons assisting in the planning and presentation of this event for any sickness, injury, or loss that I or any minor children under my care may suffer during this event or as a result of attending and participating. I further promise not to file a lawsuit or make a claim against any of the persons or organizations listed above, even if they negligently cause me or my minor children injury or loss. Finally, I agree to hold The North American Mycological Association and The Western PA Mushroom Club harmless from any liability they may incur as a result of any damages to any property I may cause. This release and promise is part of the consideration I give in order to attend this event. I understand it affects my legal rights. I intend it to apply not only to me but to anyone who may have the right to make a claim on my behalf.

This is not an event of Clarion University or the Commonwealth of Pennsylvania.

Signature 1: _____ Date: _____

Print Name 1: _____

Signature 2: _____ Date: _____

Print Name 2: _____

Volunteer Options:

If you can help in any way, please let us know. The volunteer time of our members is what continues to make NAMA forays such a success and great time for everyone. The coordinator will contact you with details prior to the foray.

Display & identification area:

Set up: _____ Assist identifiers: _____ Clean up: _____

Mycophagy: Saturday

Set up: _____ Preparation: _____ Clean up: _____

Bring mushrooms _____ Specify type and species _____

I will bring the following items for the silent auction: _____

Vendors:

Items for sale: _____