

Salmonid Restoration Federation 2009 Conference

Individual Registration Form, Please Use One Per Person • Advanced Registration Must Be Postmarked By February 13, 2009

Name: _____ Phone (work): _____
 Address: _____ (home): _____
 Email: _____
 Affiliation: _____ Please check box if you are a presenter

Training Workshops & Field Tours

Wednesday, March 4, 2009

	Advance Registration	Late Registration	FEE
1. Estuary Restoration Workshop	\$55	\$65	_____
2. Sustainable Agriculture: Water Quality and Riparian Habitat Restoration	\$55	\$65	_____
3. Southern Coho Streams: Research and Recovery	\$55	\$65	_____
4. Coho Salmon and Steelhead Enhancement Projects on Santa Cruz County's North Coast	\$55	\$65	_____
5. Dams and Daylighting: Success and Opportunity on San Francisquito Creek	\$55	\$65	_____

Thursday, March 5, 2009

6. Coho Off-Channel Habitat Workshop	\$55	\$65	_____
7. Watershed Monitoring & Assessment	\$55	\$65	_____
8. Fish Passage at Road Stream Crossings: Design, Planning, and Implementation Workshop & Tour	\$55	\$65	_____
9. Resource Management for Steelhead and Coho Salmon A Tour of San Lorenzo River and Soquel Projects	\$55	\$65	_____
10. Carmel River Restoration Tour	\$55	\$65	_____

* Field tours include a bagged lunch and transportation. Please wear clothing, raingear, and shoes appropriate for field tours.

Evening: Wild and Scenic Environmental Film Festival	\$10	\$12	_____
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Conference

March 6-7, 2009 (includes Friday and Saturday lunch and a copy of the Proceedings)

SRF Member (individual membership only)	\$120	\$150	_____
Non-member	\$170	\$200	_____
Student (with photocopy of student ID)	\$70	\$80	_____

Saturday Banquet

(Preference: Salmon ____ Chicken ____ Vegetarian ____)	\$30	\$35	_____
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Membership

New Renewal

Individual Memberships: \$35 Alevin \$50 Fry \$100 Smolt \$250 Jack \$500 Spawner

Payment Total _____

Method of Payment Check Money Order Purchase Order

Purchase Orders will only be accepted for 5 or more people registering. Each registrant will need to fill out an individual form.

VISA MasterCard Credit Card# _____ Exp. Date _____

Approval Signature _____

Mail form and payment to: SRF Conference, PO Box 784, Redway, CA 95560 (Make checks payable to: SRF)

Phone: (707) 923-7501 • Fax: (707) 923-3135 • Email: srf@calsalmon.org

Please Note: We do not give refunds • Receipts provided upon request • This form is available at www.calsalmon.org