



2 North
0 American
1 Weed Science
9 Contest

Participant Registration
July 24-25, 2019
Seymour, IL

University/College	
Contact/Coach	
E-Mail	
Phone	

Society to Represent:

Type of Team: Graduate or Undergraduate:		
Name	Grad or Undergrad	
1.		
2.		
3.		
4.		

Type of Team: Graduate or Undergraduate:		
Name	Grad or Undergrad	
1.		
2.		
3.		
4.		

Type of Team: Graduate or Undergraduate:		
Name	Grad or Undergrad	
1.		
2.		
3.		
4.		

Forms of Payment

MasterCard
 VISA
 American Express
 Discover

Credit Card Number: _____

Exp. Date: _____

Zip Code of Billing Address: _____

CCV#: _____

Print Name on Card: _____

Signature: _____

Do not send cash. Please make checks payable to "WSSA." All fees must be paid in US funds and drawn on US banks.

Please email form to: Eric Gustafson at info@wssa.net by June 24, 2019