



# NATIVE PLANT IDENTIFICATION WORKSHOP

23-26 June 2009

Baton Rouge, Louisiana

The Louisiana State University Herbarium is offering a native, vascular plant identification workshop on June 23-26, 2009. It will consist of an intensive, hands-on approach with two days of classroom work and two days of field study.

During this workshop participants will learn the **distinguishing features** of **native plants** and in what habitats they grow. **Useful tools** for identifying plants including various on-line resources such as **interactive keys** will be covered. Participants will learn to make a **field guide**. The **wetland indicator** status (U.S. Fish and Wildlife Service) for each species will be provided.

Identification of common plants, **woody plants**, **grasses** and **sedges** will be emphasized.

**Habitats** that will be visited include bottomland hardwood forests, wet pine savannas, fresh marsh, salt marsh, and other.

Prior experience in plant taxonomy or botany is **not a requirement**.

## THE INSTRUCTIONAL TEAM

Dr. Lowell Urbatsch, Director of the LSU Herbarium and Professor of Biology. Ph.D., University of Georgia, Athens; Dr. Urbatsch has taught plant taxonomy and wetland plant taxonomy and ecology at LSU for about three decades

Dr. Diane Ferguson, Collections Manager for the LSU Herbarium. Ph.D. Harvard University.

Mr. Timothy Jones, LSU graduate student, Biological Sciences Department, sedge specialist and interactive key specialist.

Mr. Christopher Reid, Botanist, Department of Louisiana Wildlife and Fisheries, native plant specialist with emphasis on rare plants.

## COST AND LIMITATIONS

No more than 25 persons can be accommodated at this workshop

Cost per person is \$500.00

For additional information phone 225-578-8555 or by e-mail [leu@lsu.edu](mailto:leu@lsu.edu)

## REGISTRATION FORM

Deadline for Registration is Monday, June 15, 2009

(complete the following form and mail it to the Biological Sciences address given below)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_  
e-mail: \_\_\_\_\_ phone: \_\_\_\_\_

### PAYMENT INFORMATION

(use which option that suits you)

**I. Payment by check: Make check payable to the Department of Biological Sciences, LSU and note that it is for the "Plant ID Workshop"**

#### **Biological Sciences mailing address:**

Native Plant Identification Workshop, attn. L. Urbatsch  
Biological Sciences Department  
Room 202, Life Sciences Bldg.  
Louisiana State University,  
Baton Rouge, LA 70803

**II. Payment by credit card or check: credit card payment can be accommodated through the Louisiana State University Foundation by**

**1). completing the attached form and**

please note that payment is for the **LSU Herbarium Development Fund, Plant ID Workshop**. The registration form and credit card payment forms can be mailed to either address given; or

**2). you can pay on-line by using the LSU Foundation**

on-line payment option: <https://www.lsufoundation.org/contribute.php>

Please note that payment is for the **LSU Herbarium Development Fund, Plant ID Workshop**.

#### **LSU Foundation mailing address:**

LSU Foundation  
3838 West Lakeshore Dr.  
Baton Rouge, LA 70808

"Funds from this workshop will support development of the Louisiana State University Herbarium that promotes the study of native plants and maintains a permanent reference collection documenting the historical distribution and composition of the plant flora. Funds will also be used to support student research and dissertation projects." To learn more about the LSU Herbarium visit our website: <http://www.herbarium.lsu.edu/plants/>



# CREDIT CARD AUTHORIZATION

The on-line giving system allows donors a secure way to make a gift using a credit card. If you wish to make a gift to the LSU Foundation using a credit card but prefer not to use the on-line module or wish to set up a recurring charge, please provide the following information.

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Street / PO Box \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

**Amount of Charge (Gift):** \$ \_\_\_\_\_

**Charge Recurrence:**  This is a one-time charge.

(Please check one)

This is a recurring charge.

• State the terms of the charge. (ex., \$100 a month for the next 12 months)

• Note the day to process the charge. (ex., the 5<sup>th</sup> day of each month)

### Gift Purpose:

Fund Name / Gift Purpose: \_\_\_\_\_

### Type of Credit Card:

Visa  Master Card  American Express  Discover

### Credit Card Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Credit Card Expiration Date

Month \_\_\_\_\_ Year \_\_\_\_\_

Signature: \_\_\_\_\_

(Signature must be for the card holder)

Date form completed: \_\_\_\_\_

Return this form to: Gift Processing · LSU Foundation · 3838 West Lakeshore Drive · Baton Rouge, LA 70808