

2010 SNAKE RIVER SUGARBEET CONFERENCE

January 8th, 2010
College of Southern Idaho Taylor Bldg
Twin Falls, Idaho

PRE-REGISTRATION FORM

(Indicate additional names below)

Name _____
Company/Farm _____
Mailing Address _____
City, State, Zip code _____
Phone No. (_____) _____

Check category that applies:

Field Laborer _____ Grower _____
Other _____ Company Representative _____

Postmarked by December 31, 2009

Registration @ \$20 per person (includes lunch on the 8th) number of people attending _____

Total Enclosed \$ _____ (in U.S. Funds)

MasterCard ____ Visa ____ Credit Card # ____ - ____ - ____ - ____

Signature _____ Exp. Date _____

Send this form with check, money order, or credit card information, made payable to: **University of Idaho Bursar.**

Mail to: Attn: University of Idaho Sugarbeet Conference Registration, Twin Falls R & E Center, P.O. Box 1827, Twin Falls, ID 83303-1827.

Or CALL (208) 736-3600, Or FAX completed form to (208) 736-0843, by **December 31, 2009**. Credit card number **MUST** accompany CALL/FAX registrations.

Additional persons to register

Name (and address if different from address above)	Grower	Company Rep	Laborer	U of I Empl.

Office Use Only: Cash _____ Check # _____ Credit Card _____ Date Received: _____

Late Registration @ \$25 at door- best to pre-register!!