

2011 SNAKE RIVER SUGAR BEET CONFERENCE

January 13 & 14, 2011
College of Southern Idaho
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 _____

PRE - Registration *by January 3, 2011* @ \$25 per person (includes lunch on the 14th)

Number of people attending _____

LATE - Registration *after January 3* → → → \$30 - best to pre-register!!

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

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

Mail to: University of Idaho Sugar Beet Conference, Attn: Tamie Keeth Twin Falls R & E Center, P.O. Box 1827, Twin Falls, ID 83303-1827.

Name of card holder (as it appears on card) _____ **Billing address of card** _____ **City** _____ **State** _____ **Zip** _____

MasterCard ____ **Visa** ____ **Credit Card #** _____ - _____ - _____ **Security code** _____

Signature of card holder _____ **Exp. Date** _____

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: _____