2012 SNAKE RIVER SUGAR BEET CONFERENCE

Last, First Name:					
Company / Farm:					
Email address:					
Telephone : _()					
Check category that applies: ☐ Grower	□ Employee □	☐ Compan	y Rep □ U	of I 🗆 Oth	ers
PRE - Registration by December 3, 2012	2 \$25 (per person)	Num	ber of peop	lo attandin	<u>α</u>
Registration after December 3, 2013	2 \$35 (per person)	Nulli	ber or peop	ie attenum	· S
Registration includes lunch on December 13 th	Total Enclosed \$				
Addition	nal persons to re	egister			(U.S. Funds)
			Employee	Company	UI/
Last, First Name		Grower	Employee	Rep	Others
PAYMENTS:					
Send this form with check or of Pay with credit card by phone		y Garofa	no (208) 73	6-3600	
Make check payable to:	University of Idaho Bursar				
Mail check with this form to:	University of Idaho attn: Kathy Garofano				
	PO Box 1827				
	Twin Falls, Idaho 83303-1827				
CREDIT CARD PAYMENT:					
Type: MC V D	CVV# on back of card:				
Card#:	Expiration Date:				
Name on card:					
Billing address:					
City:					
Daytime phone : ()					
Signature of card holder:			Date:		
Internal use only □ CC □ Cash	□ Check ₹	#	. Paymer	ıt taken by	_
Amount:					
Budget:	Event:_				