

# **Registration Form**

## **Registration information is as follows:**

Entire meeting (PLN and AEA or ASRED) -- \$350

PLN only -- \$175

AEA only -- \$175

ASRED only -- \$175

\* The AEA and ASRED meetings begin on Tuesday with an evening reception. If attending part of PLN, please register for entire meeting.

## **Please enter the appropriate information for each attendee:**

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Committee:      ANR      CIT      CRD      FCS      4-H      MM      PSD      Other

Registration:   Entire Meeting (\$350)      PLN only (\$175)      AEA only (\$175)      ASRED only (\$175)

Payment Information:   Check      Purchase Order      Money Order      Credit Card (see below)

Credit Card Type: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

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

Guest Attending:      Yes      No      [Guest Registration Form](#)

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Committee:      ANR      CIT      CRD      FCS      4-H      MM      PSD      Other

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Expiration Date (mm/yy): \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

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

Guest Attending:      Yes      No      [Guest Registration Form](#)

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Committee:      ANR      CIT      CRD      FCS      4-H      MM      PSD      Other

Registration:   Entire Meeting (\$350)      PLN only (\$175)      AEA only (\$175)      ASRED only (\$175)

Payment Information:   Check      Purchase Order      Money Order      Credit Card (see below)

Credit Card Type: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

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

Guest Attending:      Yes      No      [Guest Registration Form](#)

Return no later than Friday, August 8, 2003 to:  
[SOUTHERN RURAL DEVELOPMENT CENTER](#)

Box 9656 ■ Mississippi State, MS 39762  
Phone: (662) 325-3207 ■ Fax: (662) 325-8915

(Registration fee may be sent individually or by institution.)