



Louisville, KY  
August 28-30, 2007

2007 Joint Meeting  
PLN, AEA & ASRED

**Contact Information:**

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

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

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

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

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

**Attendance Information:**

PLN – Tuesday 8/28 through noon, Thursday 8/30

ANR COM CRD FCS 4-H IT MM PSD

AEA/ASRED – Wednesday 8/29 through noon, Friday 8/31

Entire Meeting (PLN & AEA/ASRED) – Tuesday 8/28 through noon, Friday 8/31

**Registration Information:**

**PLN Meeting**

Early bird – before Aug. 1 – \$300  
Regular – on or after Aug. 1 – \$325

**AEA/ASRED Meeting**

Early bird – before Aug. 1 – \$300  
Regular – on or after Aug. 1 – \$325

**Entire Meeting (PLN & AEA/ASRED)**

Early bird – before Aug. 1 – \$375  
Regular – on or after Aug. 1 – \$400

**Payment Information:**

Check	enclosed	to follow
	(Make checks payable to Southern Rural Development Center, Federal ID #64-6000819)	
Purchase Order	enclosed	to follow
Money Order	enclosed	to follow
Credit Card (see below)		

Credit Card Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Number: \_\_\_\_\_

Name of Card Holder (please print): \_\_\_\_\_

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

**Guest Information:** Will you be bringing a guest? Yes No

If your guest will participate in a meal, tour or special event, please complete the information on the second page of this form.

**Guest Information:**

Guest of: \_\_\_\_\_

Guest name: \_\_\_\_\_

Please select which events/meals your guest will be attending:

Day	Event	Price
Monday (8/27)	Newcomers Orientation	\$8
Tuesday (8/28)	PLN Continental Breakfast	\$25
Tuesday (8/28)	Conference Lunch	\$26
Wednesday (8/29)	AEA/ASRED Breakfast Buffet	\$31
Wednesday (8/29)	PLN Continental Breakfast	\$25
Wednesday (8/29)	Conference Lunch	\$33
Thursday (8/30)	AEA/ASRED Breakfast Buffet	\$31
Thursday (8/30)	PLN Continental Breakfast	\$25
Thursday (8/30)	AEA/ASRED Conference Lunch	\$37
Friday (8/31)	AEA/ASRED Breakfast Buffet	\$31

TOTAL: \$ \_\_\_\_\_

**Guest Payment Information:**

Check	enclosed	to follow
	(Make checks payable to Southern Rural Development Center, Federal ID #64-6000819)	
Purchase Order	enclosed	to follow
Money Order	enclosed	to follow
Credit Card (see below)		

Credit Card Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Number: \_\_\_\_\_

Name of Card Holder (please print): \_\_\_\_\_

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