

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: _____