

2007 WORKSHOP REGISTRATION FORM

Please type or neatly print all information, and make a copy of this form for your records before mailing: **Each person must submit his or her own separate registration form, even those in the same school/organization.** Make as many copies of this form as needed. **Payment or purchase order must accompany each registration form. Registration deadline is April 13th. No refunds after April 13, 2007.**

Registrant: _____
Last Name First Name

School/Organization: _____

Daytime Phone: () - _____

Mailing Address: _____

City

State

Zip

County: _____

e-mail address: _____

I have special needs, please contact me

Registration Fee *does not* include lodging.

	Postmarked by March 26, 2007	Postmarked on or after March 27, 2007
Two Day Workshop April 25 th & 26 th	\$60.00	\$75.00
One Day Only – please indicate one	\$40.00	\$55.00
<input type="checkbox"/> Wednesday, April 25 th	<input type="checkbox"/> Thursday, April 26 th	
TOTAL REGISTRATION FEE ENCLOSED		\$ _____

PAYMENT METHODS: Check/Credit/Purchase Order

Purchase Order Number: _____ Check #: _____

Credit Card (Please Circle): (We can not except DISCOVER at this time) **VISA** or **Master Card**

Cardholder Name (as it appears on card): _____

Exp. Date (mm/yy): ____/____ 3 digit Signature Code: (on back) _____

Card Number: _____ - _____ - _____

Address (if different than above): _____

Signature: _____ Date: _____

Session Selection – Write in your first choice session title in the white boxes (2 for each day). Then write in your two alternate sessions titles in ranking orders with 2 being your second session choice, and 3 being your third. We will make every effort to get you into your 1st or 2nd choices, but it may become necessary to place some in their 3rd based on the participant request. Register early as all class sizes are limited and will be filled in a first-come first-serve basis.

Wednesday, April 25 th	Thursday, April 26 th
8:45 to 11:30 am	8:45 to 11:30 a.m.
1. _____	1. _____
Alternate Session Selection	Alternate Session Selection
2. _____	2. _____
3. _____	3. _____
LUNCH BREAK	LUNCH BREAK
12:45 to 3:30 p.m.	12:45 to 3:30 p.m.
1. _____	1. _____
Alternate Session Selection:	Alternate Session Selection:
2. _____	2. _____
3. _____	3. _____

___ YES ___ NO I will be attending the 20th Anniversary Celebration on Wednesday Evening. (No additional Cost)

Return this form and payment option to:
Brown County Soil & Water Conservation District
 P.O. Box 308
 Nashville, IN 47448

Meals – registration fee includes lunch(es) and snack(s)
 (Vegetarian lunch available upon request – please notify staff at registration)

Continuing Education Credits will be available through Indiana University for this workshop. Information will be available at upon check-in at the workshop.