



Excellence in Forage and Feed Testing for the Farmer

**Annual Conference Registration Form
February 18th & 19th, 2010
Holiday Inn Hotel & Suites Madison West
Madison, WI**

Laboratory or Organization Name:	
Address:	
Telephone:	Fax:
Contact Person:	Email of contact:

Name(s) of persons attending

Registration is: \$200 for both days' sessions, February 18th and 19th

Registration includes handouts, breaks, and continental breakfasts, lunch and dinner where noted in the program.

# Attending @ \$200 each	Total Amount Enclosed
\$	\$

OR Credit Card Information:

1. Type of Card _____
2. Card# _____
3. Expiration date _____
4. Name exactly on card

5. Address associated with card

**SEND FORM TO: Attn: Patty Laskowski
E17995 Western Rd
Hillsboro, WI 54634
OR FAX: 608-489-3961**

**Questions: call 608-489-3960 or email pmlaskowski@mwt.net
Please Return Registration Form by February 12, 2010**