

GREAT PLAINS GROWERS CONFERENCE | JANUARY 9-11, 2020

REGISTRATION FORM

Must be postmarked by December 31, 2019 for early registration rates. Late registration rates apply after that date.

Please print your name clearly, as it should appear on your name badge.

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

County _____ Email _____

Cell Phone _____ Requested for text alert notification in case of weather events or cancellations.

Please check the following that best applies to you: Grower Educator Hobbyist Industry Other: _____

Please check if you are presenting a poster: Sign me up for a free 1-year subscription to Country Folks Grower magazine:

If student registration, list name of your institution: _____

Note: Student ID will be required at registration for confirmation. Should student status not be verified, you will be subject to the applicable conference rate.

Pre-conference workshops Thursday, January 9 (all-day workshops, select one per attendee.)

Food Safety Grower Training

attending ____ @ \$25.00 (no student discount) \$ _____

Industrial Hemp 101

attending ____ @ \$ 60.00 (\$40.00/student) \$ _____

Honey Bees

attending ____ @ \$ 60.00 (\$40.00/student) \$ _____

Drip Irrigation Systems from Design to Production

attending ____ @ \$ 60.00 (\$40.00/student) \$ _____

Cultivating Your Legally Resilient Farm

attending ____ @ \$ 60.00 (\$40.00/student) \$ _____

A. Thursday Workshop Total \$ _____

Registration for Friday/Saturday, January 10 & 11

Friday

attending ____ @ \$50.00 (\$30.00/student) \$ _____

Saturday

attending ____ @ \$50.00 (\$30.00/student) \$ _____

B. Friday/Saturday Total \$ _____

Late Registration (After December 31)

C. \$10.00 per day per person late registration fee. (If postmarked after December 31, 2019.)

\$ _____

Conference Registration Total

A + B + C = \$ _____

Method of Payment

Check # _____ or Circle card type: Visa | Master Card | Discover | American Express

Make check payable to Missouri University Extension.

Mail to GPGC, MU Extension, 4125 Mitchell Ave., St. Joseph, MO 64507. There is a \$25.00 fee for all returned checks.

Card # _____ Exp. Date _____ 3 digit Security Code _____

Name on card _____ Signature _____

Credit card payment is processed through EventBrite.