

CORN BELT SEED CONFERENCE

Pre-Registration Form – February 6-8, 2018

Please make the following registration selections at the special advance rate. Registration packets can be picked up at the meeting registration desk. Badges are required for all conference events. **Return this form to the CBSC registration office before January 26, 2018. No refunds will be made after February 1, 2018.** Hotel reservations can be made with the Indianapolis Marriott North online by visiting www.cbsconference.org or calling (800)-228-9290, mention the Keystone location and the Corn Belt Seed Conference to receive the special rate. Make **hotel reservations before January 26, 2018** to receive the special conference room rate of \$156.

Option A - \$290: Corn Belt Seed Conference

Includes: Wednesday Meetings, Lunch, Hors D'oeuvres Social and Thursday Breakfast & Meeting

Option C - \$290: Professional Development Workshop and Wednesday Only Conference

Includes: Tuesday Workshop, Lunch and Social, Wednesday Meetings, Lunch & Hors D'oeuvres Social

Option E - \$360: Entire Corn Belt Seed Conference with Professional Development Workshop

Includes: Tuesday Workshop, Lunch & Social Hour, Wednesday Meetings, Lunch, Hors D'oeuvres Social & Thursday Breakfast & Meeting

Option B - \$175: Professional Development Workshop - Tuesday Only

Includes: Tuesday Workshop and Lunch & Social Hour

Option D - \$ 210: Corn Belt Seed Conference - Wednesday Only

Includes: Wednesday Meetings, Lunch & Hors D'oeuvres Social

Option F - \$60: Guest/Spouse Program

Includes: Wednesday Evening Hors D'oeuvres Social

Option G - Optional Add-on Event - \$50: Main Event Entertainment

Includes: R/T Transportation, Dinner, Drinks and Entertainment at Main Event

Please check option selection(s) for each attendee and list names as they are to appear on name badge.

Name:	Package:	A	B	C	D	E	F	Amount: \$
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount: \$ _____
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Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount: \$ _____
								Total \$ _____

Company Name: _____

Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____

Return This Form To CBSC registration office via Mail or Fax By January 26, 2018

7700 Stockwell Road
Lafayette, IN 47909
Ph: 866-899-2518 Fax: 765-525-3536