

# Kentuckiana Crop Production Seminar Registration Form

November 27-28, 2018  
French Lick Springs Hotel  
French Lick, Indiana

Name(s): \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization Member (check all that apply):  ABAK  ACI  KYCCA  Not a member of any

## **(A) Workshop Registration**

Check the workshop(s) you plan to attend:

- Workshop A (November 27, Morning Session)
- Workshop B (November 27, Afternoon Session)
- Workshop C (November 28, Morning Session)
- Workshop D (November 28, Afternoon Session)



## **Registration Fees:**

# of Workshops Attending:

Cost:

- 1 Workshop \$100
- 2 Workshops \$160 (meal included)
- 3 Workshops \$200 (meal included)
- 4 Workshops \$220 (all inclusive)

**(A) TOTAL REGISTRATION FEES:** \$ \_\_\_\_\_

## **(B) Exhibit Tables**

Number of tables \_\_\_\_\_ @ \$150 = \_\_\_\_\_

## **(C) Reception Sponsorship**

Sponsorship \$100 = \_\_\_\_\_

Company Name: (as it is to appear on signage) \_\_\_\_\_

*\*Please send company logo to [swallace@kyagbusiness.org](mailto:swallace@kyagbusiness.org) by November 16 to ensure inclusion on signage.*

**TOTAL REGISTRATION FEES DUE:**

**Total (A) + (B) + (C) = \$ \_\_\_\_\_**

## **Payment Method:**

- Check (Make payable to ABAK)  Credit Card  VISA  MasterCard  AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return this registration form with payment: ABAK, 340 Democrat Drive, Frankfort, KY 40601 or Fax: 502-875-1595**