

For registration management:
Date Registration Received:
Payment Amount: \$
Registered Attendees

## **Conference Registration Form**

REGISTRANT INFORMATION				
First Name	Last Name			
Business/Organization				
Address	City	CityStateZip_		
PhoneEm	nail			
One form per registrant required. To register www.cfra.org/marketplace for credit card pa		es of this form or visit o	our website	
MEAL PLAN	RATES & F	PAYMENT C	PPTIONS	
Please reserve 1 lunch for me.	Registration Rates	Registration Rates		
Please list any dietary needs you have:	\$45 for one reg	\$45 for one registration (on or before January 25)		
	\$55 for one reg	istration (January 26-I	February 6)	
	\$25 for Student Note: Registrations w	s/Teachers vill be processed only i	if all required	
		ed and accompanied b		
Please mail or fax to:		ter February 6) are no	t guaranteed.	
Center for Rural Affairs	I have a PROMO COD	)E		
PO Box 136 Lyons, NE 68038		Check (Please make checks payable to: Center for Rural Affairs		
Fax: 402-687-2200	Credit Card	for Rural Aπairs		
Conference Questions Contac	t: Cardholder Name	Cardholder Name		
Kim Preston 402-687-2103, ext 1008	Card #	Card #		
kimp@cfra.org	Exp. Date	Exp. Date Security Code (found on back)		
Online Registration at www.cfra.org/marketplace	Signature_	Signature		
(only credit card payments accepted	l online)			