

# WPVGA Grower Education Conference and Industry Show



February 6-8, 2018  
 Holiday Inn, Stevens Point, WI

## INDIVIDUAL REGISTRATION FORM



(One registrant per sheet. *Please type or print.*)

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

BEFORE January 20, 2018		←REGISTRATION→	AFTER January 19, 2018	
WPVGA Members:	Non-WPVGA Members:		WPVGA Members:	Non-WPVGA Members:
<input type="checkbox"/> \$90	<input type="checkbox"/> \$130	Full conference <i>(includes lunches)</i>	<input type="checkbox"/> \$105	<input type="checkbox"/> \$155
<input type="checkbox"/> \$40	<input type="checkbox"/> \$55	One Day: Tuesday <i>(includes lunch)</i>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60
<input type="checkbox"/> \$40	<input type="checkbox"/> \$55	One Day: Wednesday <i>(includes lunch)</i>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60
<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	One Day: Thursday	<input type="checkbox"/> \$30	<input type="checkbox"/> \$45
<input type="checkbox"/> \$40 <input type="checkbox"/> Ribeye <input type="checkbox"/> Salmon	<input type="checkbox"/> \$40 <input type="checkbox"/> Ribeye <input type="checkbox"/> Salmon	Industry Banquet <i>(price includes one free drink!)</i>	<input type="checkbox"/> \$45 <input type="checkbox"/> Ribeye <input type="checkbox"/> Salmon	<input type="checkbox"/> \$45 <input type="checkbox"/> Ribeye <input type="checkbox"/> Salmon
		←TOTAL DUE→		

PAYMENT BY CHECK	PAYMENT BY CREDIT CARD
<p>Please make checks payable to and mail this form along with fees to:</p> <p style="text-align: center;"><b>WPVGA</b>                      PO Box 327                      Antigo, WI 54409                      (715) 623-7683</p>	<p>Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard                      Cardholder's Name: _____                      Card Number: _____                      Expiration Date: ____/____/____                      Verification Code: _____</p> <p style="text-align: center;">FAX this form to (715) 623-3176                      —OR—                      Mail this form to:                      WPVGA                      PO Box 327                      Antigo, WI 54409                      (715) 623-7683</p>