

# Arkansas Grazing Lands Conference

## CONFERENCE REGISTRATION FORM

9:00am – 3:30pm Friday, March 11, 2016

Name \_\_\_\_\_  
First Name Last Name

Preferred first name for name badge: \_\_\_\_\_

Job Title: (if applicable) \_\_\_\_\_

Company/Agency/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Check all that apply)

Beef \_\_\_\_\_ Sheep \_\_\_\_\_ Goat \_\_\_\_\_ Equine \_\_\_\_\_

Dairy \_\_\_\_\_ Government \_\_\_\_\_ Vendor \_\_\_\_\_ Other \_\_\_\_\_

### REGISTRATION FEE:

Full conference \$35per person \$\_\_\_\_\_

Total \$\_\_\_\_\_

Make checks payable to:

Please mail this form with payment to:

Arkansas Grazing Lands Coalition

AACD/AGLC Conference

101 East Capitol, Ste. 350

Little Rock, AR 72201

OR

Enter credit card information below and fax form to 501-682-3991 or scan and email form to [debbie.morelandpr@gmail.com](mailto:debbie.morelandpr@gmail.com)

Name on credit card \_\_\_\_\_ card # \_\_\_\_\_

Expiration date \_\_\_\_\_ CCV# (3 digit # on back of card) \_\_\_\_\_

Billing address zip code \_\_\_\_\_

