*\*FOR STAFF ONLY*

**PROCESSED: \_\_\_\_\_\_\_\_\_\_\_**

REGISTRATION INFORMATION  
*(All info required, please write legibly; the information collected will be used for conference purposes only)*

Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Business / Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly Describe Your Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which conference are you attending? March 28 – Hope \_\_\_\_\_\_\_\_\_ March 29 – Harrison \_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REGISTRATION** | **VALID** | **PRICING** | **INCLUDES** | **TOTAL** |
| AGLC Membership | January 1 -March 15 | $35 | Complementary admission to the Arkansas Grazing Conference including lunch; All other membership benefits |  |
| Early Bird Registration | Now - February 29 | $40 | Admission to Conference, Lunch |  |
| Conference Registration | March 1 – March 15 | $45 | Admission to Conference, Lunch |  |
| At the Door | Day of Event | $45 | Admission to Conference,  Lunch ***NOT*** Guaranteed |  |
| Student Registration | -- | $15 | Admission to Conference, Lunch |  |

PAYMENT PREFERENCE

* **I will pay on-site at Registration** [Cash / Check / Credit Card]
* **Cash**
* **Check**
* **Total Amount Enclosed (*If Applicable*):** $\_\_\_\_\_\_\_\_\_\_ / Check No.: \_\_\_\_\_\_\_\_
* **Credit Card**
  + **CC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBMIT BY MAIL TO: 8722 Community Rd., Little Rock, AR 72209

SUBMIT BY EMAIL: [hollylanderson430@gmail.com](mailto:hollylanderson430@gmail.com)

REGISTER BY PHONE: 501-944-7310