

REGISTRATION

North American Barley Researchers Workshop October 26–28, 2008

MADISON CONCOURSE HOTEL

MADISON, WISCONSIN

Advance registration is REQUIRED. This allows NABRW organizing committee to plan for meal functions. Registration Fee: \$200.00 U.S. funds (Fee includes meetings, lunch, evening banquet and receptions).

Registration fee is required to be paid in advance. A separate form is included if you choose to use your MasterCard, Visa or American Express card. **You may fax this to AMBA along with your Registration Form (414-272-4631).** Anyone needing more registration forms should call the AMBA office, (414) 272-4640 or download a form at http://www.ambainc.org/NABRW/2008_NABRW_REG.pdf.

Registration materials may be picked up at the registration desk outside of the hospitality from 7:00 p.m. to 9:00 p.m. Sunday, October 26th, and from 8:00 a.m. to 10 a.m. Monday, October 27th, outside of the room where the conference will be held. Conference locations will be posted in hotel lobby and forwarded to those including their E-mail address with this registration form.

Please make checks payable in **US\$** to **American Malting Barley Association, Inc.** and mail to:

American Malting Barley Association, Inc.
740 N. Plankinton Avenue, Suite 830
Milwaukee, WI 53203-2403

FILL OUT THE FORM BELOW AND RETURN IT TO AMBA ON OR BEFORE OCTOBER 1, 2008

PLEASE TYPE OR PRINT CLEARLY:

NAME: _____
Last First M.I.

FIRST NAME FOR BADGE: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____
(If other than U.S. address use Postal Code and please include Country)

TELEPHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

E-MAIL ADDRESS (**important for future details**): _____

Please Indicate Which Events You Will Attend:

_____ North American Barley Researchers Workshop - 200.00 \$ _____

_____ Dinner Only (Significant other) - \$40.00 \$ _____

TOTAL ENCLOSED OR CHARGED: \$ _____

VISA / MASTERCARD / AMERICAN EXPRESS FORM

**NORTH AMERICAN BARLEY RESEARCHERS WORKSHOP
October 26-29, 2008**

Please fill out form completely.

_____ VISA _____ MasterCard _____ American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____

Number of people registering under this Card: _____

Conference Registration Fee of \$200.00/person **equals:** \$ _____

Banquet Dinner ONLY (Significant Other) \$40.00/person equals: \$ _____

TOTAL \$ _____

Telephone Number: _____

Signature of Cardholder: _____

A copy of this will be used as your receipt. Please choose one of the following.

_____ **Do not send a receipt**

_____ **Fax this receipt to me. FAX Number:** _____

_____ **Mail this receipt to me.**

Company: _____

Address: _____

For Office Use

Date Charged: _____ **Amount Charged:** _____

Credit Card Confirmation #: _____

By: _____