



# ASFFPCO ANNUAL MEETING

New Orleans, Louisiana

Association of Southern Feed, Fertilizer and Pesticide Control Officials

June 22, 2008 - June 25, 2008



## Registration Form

(Please print or type)

Name \_\_\_\_\_ Name on Badge \_\_\_\_\_

Spouse or Guest \_\_\_\_\_ Children (please include ages) \_\_\_\_\_

State/Company/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Expected Arrival Date \_\_\_\_\_ Expected Departure Date \_\_\_\_\_

First time attending an ASFFPCO annual meeting.

### Registration Fee:

ASFFPCO Member/\$195.00       Non-Member/\$230.00       ASFFPCO Life Member/No Charge

### Special Events: (please indicate the number of tickets needed)

	Registrant/Life Member	Spouse/Guest	Children (under 12 yrs.)	Total Amount
<b>Sunday 6/22</b> Presidential Reception	No Charge # of tickets _____	No Charge # of tickets _____	No Charge # of tickets _____	\$ 0.00
<b>Monday 6/23</b> Luncheon	No Charge # of tickets _____	N/A	N/A	\$ 0.00
<b>Monday 6/23</b> Banquet/Dinner at Hotel	No Charge # of tickets _____	\$15.00 # of tickets _____	\$ 8.00 (< 4 yrs. free) # of tickets _____	\$ _____
<b>Tuesday 6/24</b> New Orleans Sch. Of Cooking	No Charge # of tickets _____	\$40.00 # of tickets _____	\$28.00 (< 2 yrs. free) # of tickets _____	\$ _____

### Payment:

You may pay using Visa \_\_\_\_\_, MasterCard \_\_\_\_\_ or Check \_\_\_\_\_. The completed form may be faxed to: 225-342-0027.

Name on card \_\_\_\_\_ Amount to charge to card \$ \_\_\_\_\_

Mailing address for credit card \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Verification Code (3 digit code on the back of your card) \_\_\_\_\_ Signature authorizing charge \_\_\_\_\_

Please Make Checks Payable to ASFFPCO 2008 (FEIN# 581585323) and mail completed form and payment to:

ASFFPCO/2008  
c/o 102 Agricultural Chemistry Bldg.  
LSU Campus-Highland Rd.  
Baton Rouge, La. 70803

Questions?  
Contact: Bob Beine  
Phone: 225-342-5812  
Email: beine@ldaf.state.la.us

**ASFFPCO USE ONLY:**  
Date Received \_\_\_\_\_  
Check Number \_\_\_\_\_  
Amount Received \_\_\_\_\_

**\*\* REFUND POLICY: No refunds will be given after May 23, 2008!**