

Mail-in Registration Form

**2005 Fertilizer Research and Education Program Conference**

National Steinbeck Center  
Salinas, California  
November 30, 2005

Salutation: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Address 2: \_\_\_\_\_

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

ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**Affiliations:**

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Industry   | <input type="checkbox"/> CCA          |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> PCA          |
| <input type="checkbox"/> Grower     | <input type="checkbox"/> Media        |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other: _____ |

**FEES:**

Early Registration: \$45  
(postmarked before November 14, 2004)

Late Registration: \$55  
(postmarked after November 14, 2004 or walk-in registration)

Student Registration: Free  
(please still register in advance)

Fees include conference handouts, proceedings, lunch, refreshments, and parking.

**PAYMENT:**

Make Checks Payable to CDFA Cashier

Credit Card: MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature of Card Holder:

\_\_\_\_\_

Check: \_\_\_\_\_ PO#: \_\_\_\_\_

Other: \_\_\_\_\_

Please check or circle appropriate action.

Mail Registration Form with Payment to:

Fertilizer Research and Education Program  
California Department of Food and Agriculture  
1220 N Street  
Sacramento, CA 95814

Contact Joshua Fenrich for additional  
information. (916) 445-0444 or  
frep@cdfa.ca.gov

<http://www.cdfa.ca.gov/is/frep>