



REGISTRATION FORM

*Required

Name (please print)* _____
 Company/Organization* _____
 Address* _____ City* _____
 State/Province* _____ Zip/Postal Code* _____ Country* _____
 Phone _____ Email* _____

Physical or Dietary restrictions? Yes No
 If yes, please indicate: _____

CEUs (No charge) Please designate certification program: _____

REGISTRATION:

Registration Category	Early rate through 11/7/17	Rate after 11/7/17
Farmer	\$90	\$115
Non-Farmer	\$150	\$200
Student	\$50	\$75

Special Event Tickets – late fees apply after December 6.

	Early	Late
<input type="checkbox"/> Guest ticket(s) for Thursday Luncheon	\$40/\$50	x _____ = \$ _____
<input type="checkbox"/> Guest ticket(s) for Exhibitor Reception	\$30/\$40	x _____ = \$ _____
<input type="checkbox"/> Box lunch for tours	\$15	x _____ = \$ _____

TOURS – Friday, December 8: Please purchase tickets for yourself and any guests you plan to bring. Lunch is not included but you may purchase a box lunch (see above) to take along. Late fees apply after November 7.

	Early	Late
<input type="checkbox"/> Tour #1: Measuring Water Quality Benefits of Soil Health Management Systems	\$50/\$75	x _____ = \$ _____
<input type="checkbox"/> Tour #2: Economic Opportunities of Soil Health Management Systems	\$50/\$75	x _____ = \$ _____

MEMBERSHIP: Not a member of SWCS? Join today! Include a SWCS Conservationist level membership with your registration and become a part of the conversation.

Conservationist Membership: **\$115** Student Membership (full-time students only): **\$40**

METHOD OF PAYMENT:

Payment must accompany registration. All checks must be payable to SWCS.

GRAND TOTAL \$ _____

Check (US Funds) enclosed for \$ _____ Check # _____

VISA MasterCard AmEx

Card Number _____

Exp. Date _____ CVS Code _____

Name on Card _____

Address _____

City _____ State _____ Zip _____

Signature _____

Register and pay online at swcs.org/17CCSH,
 OR return completed form and payment to:

Soil and Water Conservation Society
 Attn: National Conference on Cover Crops and
 Soil Health
 945 SW Ankeny Road
 Ankeny, IA 50023
 Fax: 515-289-1227

The conference registration fee covers one participant. If guests wish to attend educational sessions, an additional registration must be purchased. Please use the appropriate area on the registration form to purchase additional tickets for guests to attend the luncheon and reception on Thursday. Tickets to these events will be required for admission.

Cancellation of conference registration must be received in writing no later than **November 7, 2017**, to be eligible for a refund. If a cancellation is received on or prior to **November 7**, a full refund will be issued less a \$50 processing fee per conference registration. Due to contract commitments made to service providers, no refunds will be issued for conference registrations or event tickets after **November 7, 2017**.