

PHONE (208) 883-0190
 FAX (208) 885-3803
 EMAIL conference@directseed.org



REGISTRATION FORM

CONTACT NAME _____

All 2009 Direct Seed Conference information will be sent to this person

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

- You are considered registered upon payment.
- A receipt will be issued at the conference.
- Written notice of cancellation by January 14, 2009 is required for full refund. Partial refund may be granted after this date.

Additional Registrations

Farm Pair Group of 5** (please check ONE)

NAMES _____

2009 CONFERENCE REGISTRATION FEES

Includes: January 21 Evening Buffet, January 22 Light Continental Breakfast & Lunch

		AFTER Jan 05/09	BEFORE Jan 05/09	AMOUNT
INDIVIDUAL	<input type="checkbox"/> Single Registration	\$220	\$190	\$ _____
	<input type="checkbox"/> PNDSA Member Registration*	\$150	\$120	\$ _____
	<small>*2009 PNDSA Membership must be paid for PNDSA Member Rates.</small>			
FARM PAIR <small>Same Business</small>	<input type="checkbox"/> Two Registrations	\$350	\$280	\$ _____
	<input type="checkbox"/> 1 PNDSA Member & Business Associate	\$280	\$250	\$ _____
	<input type="checkbox"/> Both PNDSA Members	\$250	\$200	\$ _____
GROUP of 5**	<input type="checkbox"/> All registered at the SAME time	\$700	\$575	\$ _____
<small>**Requires a PNDSA Supporting Membership/Partnership OR 2009 Conference Sponsor of \$750 or greater</small>				
Day Rate	<input type="checkbox"/> Single Registration	\$110	\$95	\$ _____
	<input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> PNDSA Member Registration	\$75	\$60	\$ _____
OTHER	<input type="checkbox"/> Student Rate <small>Includes Meals Jan 21 & 22</small>	\$75	\$60	\$ _____
	<input type="checkbox"/> Extra Buffet Tickets <small>January 21</small>	# _____ x	\$20	\$ _____
	<input type="checkbox"/> Extra Lunch Tickets <small>January 22</small>	# _____ x	\$15	\$ _____

2009 PNDSA Membership Fees

For more information on PNDSA Membership visit www.directseed.org/membership.html

<input type="checkbox"/> Grower	\$100	\$ _____
<input type="checkbox"/> Associate	\$100	\$ _____
<input type="checkbox"/> Supporter	\$250 to \$2499 per year	\$ _____

SEND REGISTRATION TO

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TOTAL AMOUNT DUE: \$ _____



MAIL payment to:
Pacific Northwest Direct Seed Association
 P.O. Box 9428, Moscow, ID 83843

Check Enclosed
 Invoice VISA MasterCard
 Credit Card # _____ / _____ / _____ / _____
 Expires _____
 Name on Card _____