

Sausage & Processed Meats Short Course

Iowa State University Meat Laboratory

July 18-23, 2010



Registration Information*

(Only one registration per form - duplicate for additional registrations)

First Name _____

Middle Name (Initial) _____

Last Name _____

Company/Affiliation _____

Email _____

Day Phone _____

Mailing Address Line 1 _____

Evening Phone _____

Mailing Address Line 2 _____

Fax _____

City _____

State _____

Zip _____

Registration Fees (Check appropriate box)

- By June 28, 2010 \$1,395.00
 After June 28, 2010 \$1,525.00

(Hotel Reservations should be made prior to June 28, 2010)

Fee includes: course materials, lunch each day and transportation to and from the Des Moines Airport as well as between Gateway Hotel & Conference Center and the Iowa State University Meat Laboratory.

Change in Plans

If you need to cancel your registration before June 28, 2010 you may send a substitute or you may receive a refund less a \$50.00 processing fee. If you need to cancel your registration after June 28, 2010 you may send a substitute or apply your registration fee to the next Short Course at Iowa State University.

It's Easy to Register

Online -

www.ans.iastate.edu/meatcourses

Mail -

Sausage & Processed Meats
Iowa State University
CEPD
102 Scheman Building
Ames, IA 50011

Fax -

515-294-6223

Travel

(Departure time should be scheduled before 3:00 p.m. on Friday)

- I need shuttle service from the Des Moines Airport to Ames

Arrival Date/Time _____

Airline/Flight# _____

Departure Date/Time _____

Airline/Flight # _____

- I will drive or rent a car at the airport

* Iowa State University requests this information to preregister you in a conference. No one outside the university, with the exception of participants in this conference, is routinely provided this information. If you fail to provide the required information, we cannot promise accurate registration. (Reference: Iowa Code, Chapter 22.11; Iowa Fair Information Practices Act)

Method of Payment

- Check (payable to Iowa State University)
 Credit Card Visa Master Card Discover

Card Number _____

Expiration _____

Cardholder Name _____

Signature _____

- Purchase Order

PO Number _____

Phone _____

Contact _____

Fax _____

Billing Address _____

City/State/Zip _____