



SGS

# 2009 Seed Sampling Workshop Registration

(Please Print)

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARTICIPANT INFORMATION

Name (as it should appear on the badge)

Mr.  Mrs.  Miss  Ms.

Company

Title

Address

City

State

Zip Code

Phone No.

Email Address (PLEASE PRINT)

Fax No.

## SEED SAMPLING WORKSHOP INFORMATION -

Please register the above named participant for the following workshop.

May 14-15, 2009 Brookings, SD (\$250.00 per person)

## PAYMENT INFORMATION

Payment Enclosed       Bill Our Account (Act. #, if known)       Charge my credit card  
Type: M/C or Visa      \_\_\_\_\_ Exp. date

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

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

## 4 WAYS TO REGISTER



Email

[us.seedworkshops@sgs.com](http://us.seedworkshops@sgs.com)



Fax

605.692.7617



Phone

605.692-7611



Mail  
SGS

Attn: Workshops  
236 32<sup>nd</sup> Ave.  
Brookings, SD 57006

*For more information, please visit*  
***www.mwseed.com/workshops.htm***  
***877-692-7611***