

Registration Form

Midwest Rural Agricultural Safety and Health Forum

Wednesday November 18 and Thursday, November 19, 2009
Stoney Creek Inn, 5291 Stoney Creek Ct, Johnston, IA

Name _____ Profession/Degree _____

* If requesting Nursing CEUs: Month of Birth _____ Day of Birth _____ Last 4 digits of SSN _____

* Nursing License Number _____ Nursing License for the state of _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

IA County _____ Telephone _____ Fax _____

E-mail _____

Employer Type: Business/Industry Federal Gov't State Gov't Local Gov't Foreign Country Academic Other

Please indicate the type of CE credit preferred: **Nursing CEUs** **General CEUs**

Mark here if you do not wish to have your name included on the participant list nor given to exhibitors

Registration Fees (includes program materials, breakfast, lunch, break refreshments and CEU recording)

Registration requested by November 6, 2009

- _____ \$125 Full Registration—Wednesday & Thursday ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ _____ I plan to attend the Thursday Tour
- _____ \$ 75 _____ Wednesday only ⇨⇨ or _____ Thursday only ⇨⇨ _____ I plan to attend the Thursday Tour
- _____ \$ 60 Student -Wednesday & Thursday (must show student ID) ⇨⇨ _____ I plan to attend the Thursday Tour
- _____ \$ 30 Student— Wednesday or Thursday only (must show student ID)
- _____ \$ 20 Independent Producer—per day fee for Wednesday or Thursday _____ I plan to attend the Thursday Tour

\$ _____ **TOTAL**

_____ Check – make checks payable to UI Center for Conferences

_____ Credit Card Please specify: _____ MasterCard _____ Visa

Card # _____ Expiration Date _____

3-digit security code on back of card _____ Name on card _____

Card holder billing address _____
Street City State Zip

Authorized signature _____

Mail or fax payment/registration to: **UI Center for Conferences**
250 CEF
Iowa City, IA 52242
Telephone: 319-335-4141 or 800-551-9029 Fax: 319-335-4039

NOTE: A sweater or jacket may add to your conference comfort