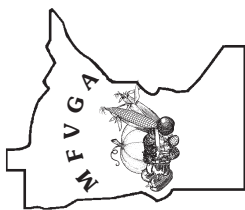


Upper Midwest Regional Fruit & Vegetable Growers Conference & Trade Show

January 22 & 23, 2009 – St. Cloud, MN

All educational sessions will be held at the St. Cloud Civic Center.

Sponsored by: *Minnesota Fruit and Vegetable Growers Association, University of Minnesota Extension Service, Minnesota Department of Agriculture, USDA-Risk Management Agency, Community Outreach & Assistance Partnership Program*



Attendee's Name (Please print)

| Attendee's Name (Please print) | Full Registration Conference & Trade Show (Thursday & Friday) January 22 & 23 | | | Thursday Night Banquet | One-day Registration Circle One | | | Trade Show Only | Total |
|--------------------------------|---|--------------------------------------|-------------------------|------------------------|---------------------------------|--------------------------------------|-------------------------|-----------------|-------|
| | First member* from farm/company | Each additional mbr. from farm/comp. | Non-member (Per person) | | First member* from farm/company | Each additional mbr. from farm/comp. | Non-member (Per person) | | |
| | \$85.00 | \$25.00 | \$160.00 | \$25.00 | \$65.00 | \$25.00 | \$90.00 | \$10.00 | |
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*Member registration rates are available to members of the MFVGA. Pre-registration is encouraged. There will be an additional \$10.00 per person charge for those registering at the door. Registration forms must be received in the MFVGA office by Friday, January 16th to be considered pre-registered.

Individual or Farm Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone (____) _____

What is your primary crop? Vegetables Berries Apples Other _____

Thursday and Friday registration includes admittance to all educational programs, trade show and a copy of the *Proceedings* book. It does not include the Thursday banquet. Trade show only registrations do not include admittance to the educational sessions or a copy of the *Proceedings* book.

TOTAL ENCLOSED _____

Please indicate method of payment:

Check (payable to MFVGA) VISA® MASTERCARD®

Number _____ Exp. Date _____ V Code _____

Signature _____

Return this form with payment to:

MFVGA
15125 W. Vermillion Cir., NE, Ham Lake, MN 55304