# REGISTER

71st ANNUAL MEETING &

# SUMMER TRAINING CONFERENCE

Springfield | July 14 - 16







2019

CLEAN WATER, HEALTHY SOILS.



# 71ST ANNUAL MEETING & SUMMER TRAINING CONFERENCE

REGISTRANT:	
NAME:	
GUEST NAME(S)	
COUNTY   ORGANIZATION:	
ADDRESS:	
EMAIL   TELEPHONE:	
WEBSITE ADDRESS:	
PLEASE CHECK ALL THAT APPLY	NEW THIC VEAD
SWCD DIRECTOR   #YEARS OF SERVICE	NEW THIS YEAR! REGISTRATION
SWCD ASSOCIATE DIRECTOR	FOR FAMILY
SWCD EMPLOYEE	MEMBER GUESTS
OTHER   GUEST	IS FREE!
PLEASE SELECT REGISTRATION	IOTHLE
\$40   2-DAY REGISTRATION   EARLY RATE   APRIL 15 -	MAY 15
\$20   1-DAY REGISTRATION   EARLY RATE   APRIL 15 - I	MAY 15
\$50   2-DAY REGISTRATION   REGULAR RATE   MAY 15	- JUNE 30
\$25   1-DAY REGISTRATION   REGULAR RATE   MAY 15	- JUNE 30
\$80   2-DAY REGISTRATION   LATE RATE   JULY 1 - STA	RT
\$40   1-DAY REGISTRATION   LATE RATE   JULY 1 - STA	RT
NEW OPTION - ALL INCLUSIVE, SAVE 10%!	
\$120   2-DAY REGISTRATION + ALL MEALS   MAY 15 - JU	JNE 30TH



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PLEASE SELECT MEALS	
DAY 1 - MONDAY, JULY 15TH	
\$25 RECOGNITION LUNCHEON   BBQ BRISKET, BBQ CHICKEN,	SIDES AND MORE
VEGETARIAN OPTION	
\$30 FARM FAMILY BANQUET   CHOOSE ONE OF THE FOLLOWI	NG
BLUE CHEESE AND MUSHROOM FLAT IRON STEAK	
PORTERHOUSE PORK CHOP	
FRENCH ONION CHICKEN	
VEGETARIAN OPTION	
DAY 2 - TUESDAY, JULY 16TH	
\$10 SOIL STEWARDSHIP BREAKFAST   EGGS, BACON OR SAU	SAGE, FRENCH TOAST
\$20 LUNCH   SLICED DELI MEATS, CHEESES, SIDES, BAKED G	OODS
VEGETARIAN OPTION	
PLEASE SELECT EXTRAS	
A NIGHT AT THE BALLPARK - PRE-CONFERENCE SOCIAL EVE	NT - SUNDAY, JULY 14TH
\$20 SINGLE   GAME TICKET, FOOD & DRINK	NOTE: FOR ALL
\$35 DOUBLE   TWO GAME TICKETS, FOOD & DRINK	INCLUSIVE OPTION NOTE FARM FAMILY MEAL
GRAND TOTALS	PREFERENCE BELOW (BEEF, PORK, CHICKEN, VEGGIE)
TOTAL AMOUNT   REGISTRATION + MEALS + SOCIAL EVENT	



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PAYMENT INFORMATION  THANK YOU FOR YOUR	L	
CHECK PAYMENT IS ATTACHED REGISTERING!	K	
PAYMENT AMOUNT	5	
NOTE: FULL PAYMENT MUST BE RECEIVED TO PROCESS REGISTRATION.		
REFUND POLICY		
FULL REFUNDS WILL BE MADE FOR CANCELLATIONS OCCURRING PRIOR TO JULY 1ST. REFUNDS WILL NOT BE ISSUED AFTER THIS DATE.		
NOTE:		
EACH ATTENDEE MUST COMPLETE THE REGISTRATION FORM (FAMILY GUESTS MUST ALSO COMPLETE THEIR OWN FORM). GUEST SHOULD SELECT \$0 FOR REGISTRATION COSTS, BU SELECT THE MEAL OPTIONS OF THEIR PREFERENCE AND INCLUDE PAYMENT.	) T	
PLEASE SEND COMPLETED REGISTRATION TO:		
COLES COUNTY SWCD 6020 DEVELOPMENT DRIVE   SUITE 2 CHARLESTON, ILLINOIS 61920 REGISTRATION@AISWCD.ORG		
QUESTIONS, PLEASE CALL 217-345-3901 X 3		
FOR OFFICE USE ONLY:  DATE RECEIVED ADDITIONAL NOTES:	n.eruwali	
CHECK AMOUNT  CHECK NUMBER		