



2003 Central States Seed Conference & Fall Cereal Conference

Planting the Seed for the Future

General Registration Form

Central States Seed Conference:

Pre-registration by **July 22, 2003** \$ 95
 Onsite Registration \$125 Fees are per person ages 12 & over.
 Registration includes all receptions, breaks, and Thursday lunch.

Special Programs:

Golf Outing \$ 100
 Includes green fees, cart, lunch and refreshments.
 Spouse's Program \$ 70
 Young Sprout's Program age 12 & over \$ 70
 Young Sprout's Program age 11 & under \$ 45
 Includes program, all meals & kid's "Sammy Sprout" T-shirt for the Sprouts.



Hotel Accommodations:

A block of rooms has been reserved at Ramada Plaza Hotel, 1641 Anderson Ave. Manhattan, KS 66502
 The room rates are \$69.00 per night. Call (785)539-7531 to reserve your room.

Directions to Ramada Plaza Hotel: (Located on 17th and Anderson)

From I-70 Westbound-to K-177 (Exit 313) go over viaduct and stay right to get onto Tuttle Creek Blvd. Turn left on Tuttle Creek Blvd to Bluemont Ave. and turn left. Bluemont turns into Anderson Ave. Hotel on the left.
From I-70 Eastbound-to K-18 (Exit 303) which is Fort Riley Blvd. Turn left on 17th to Anderson Ave.
From 77/24 Southbound- Turn right on K-113 (Seth Child Rd). Then turn left on Anderson Ave. to 17th.

Please register for the 2003 CSSC Conference.

Check if you would like to participate:

	Conf. Registration (\$95)	Golf (\$100)	Spouse (\$70)	Sprout (\$45)	Program (\$70)
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprouts: _____ age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Co./Ass'n. Name: _____
 Home Address: _____
 Home City/State/Zip: _____
 Home Phone: _____

TOTAL FEES PAID: \$ _____

For more information:
Central States Seed Conference

Chris Wilson or Tracy Ivy
 301 Broadway
 Belvue, KS 66407
 (785) 456-9705
 Fax(785) 456-1654

Please fill out this form and return it to the CSSC by **Tuesday July 22**
 Please make checks payable to CSSC.

Email:cmwilson@agresources.com