



10th International Conference on
Precision Agriculture
 JULY 18-21, 2010 • Hyatt Regency Tech Center
 Denver Colorado USA

REGISTRATION FORM

NOTE: ONLINE registration is available. This is the recommended method to register. Go to www.icpaonline.org and click Registration.

Please make additional copies as needed. (* indicates required information)

LAST NAME* _____ FIRST NAME* _____

AFFILIATION* _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

PHONE* _____ FAX _____

E-MAIL* _____ WEBSITE _____

I have special needs or dietary requirements. Please specify: _____

REGISTRATION FEES	Through 6/18/2010	After 6/18/2010	Total
Full Conference	\$550	\$650	\$ _____
Full Conference - Presenter <i>You must be a presenter of a paper at the conference</i>	\$500	\$600	\$ _____
Companion Registration (available only with a full conference registration)	\$200	\$200	\$ _____
One Day Registration <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	\$350	\$400	\$ _____
A to Z Sessions Only - Two Day (access to A to Z sessions ONLY)	\$300	\$300	\$ _____
A to Z Sessions Only - Single Day (access to A to Z sessions ONLY) <input type="checkbox"/> 19th <input type="checkbox"/> 20th	\$150	\$150	\$ _____
Full Conference - Student	\$300	\$300	\$ _____
Tour 1 , July 20 - Rocky Mountain and Narrow Gauge Railway Adventure	\$ 90	\$ 90	\$ _____
Tour 2 , July 21 - Rocky Mountain and Bear Lake Adventure	\$ 75	\$ 75	\$ _____
TOTAL			\$ _____

I would like to become a founding member of International Society of Precision Agriculture (ISPA) and receive a complimentary membership.

PAYMENT (US Dollars)

My check in U.S. funds for \$ _____ is enclosed as full payment of registration fees. **Make checks payable to Foundation for Agronomic Research.**

Wire Transfer *Contact registration@icpaonline.org for wire transfer instructions.* Date of Transfer _____

Charge my credit card for \$ _____ American Express Discover MasterCard VISA

All information below is required for credit cards:

CARD # _____ EXP. DATE _____ V-CODE _____ (3 or 4 digit verification code on back of card)

SIGNATURE _____ PRINTED NAME OF CARDHOLDER _____

E-MAIL ADDRESS ASSOCIATED WITH CREDIT CARD _____

EASY CONFERENCE REGISTRATION

Online: www.icpaonline.org

By Fax: Fill out the registration form with your credit card information, sign and fax it to (217) 762-8655.

By Mail: Send registration form with payment to: **ICPA Registration, 107 S. State Street, Suite 300, Monticello, IL 61856**

Questions: Quentin Rund, Phone: (217) 762-7955, E-mail: grund@paqinteractive.com

Refund Policy: Cancellations received by 7/1/2010 entitle the registrant to refund of half the registration fee. No refunds for no-shows or cancellations received after 7/1/2010. Substitutes are welcome.

