

**109th ICIA Annual Conference and 23rd Annual Illinois-Indiana Seed Conditioning Workshop
Pre-Registration Form – February 4-6, 2009**

Please make the following registration selections at the special advance rate. Name badges and meal reservations will be available at the registration desk. Badges are required for all conference functions. **Return this form to the ICIA office before January 23, 2009. No refunds will be made after January 26, 2009.** Hotel reservations can be made directly with the Sheraton Indianapolis North Hotel & Suites at (888)-627-7814, be sure to mention the Keystone location. **Make hotel reservations before January 26, 2009** to receive the special conference room rate of \$111/standard and \$151/suite.

Option A - \$240: Entire Seed Conditioning Workshop and ICIA Annual Conference

Includes: Wednesday Workshop, Lunch & Social Hour, Thursday Meetings, Lunch, Hors D'oeuvres Social & Friday Meeting and Breakfast

Option B - \$185: Conditioning Workshop and Thursday Only Conference

Includes: Wednesday Workshop, Lunch & Social Hour Thursday Meetings & Lunch

Option C - \$180: ICIA Annual Conference

Includes: Thursday Meetings, Lunch, Hors D'oeuvres Social and Friday Meeting & Breakfast

Option D - \$ 110: ICIA Annual Conference - Thursday Only

Includes: Thursday Meetings & Lunch

Option E - \$105: Illinois-Indiana Seed Conditioning Workshop- Wednesday Only

Includes: Wednesday Meetings, Lunch & Social Hour

Option F - \$60: Spouse's Program

Includes: Thursday Spouse's Program, Brunch, Hors D'oeuvres Social and Friday Breakfast

Please check option selection(s) for each attendee and list names as they are to appear on the name badge.

	Package:	A	B	C	D	E	F	
Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount: \$ _____
Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount: \$ _____
Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount: \$ _____
Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount: \$ _____
Name: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount: \$ _____
								Total \$ _____

Company Name: _____

Contact: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Email: _____

Return This Form To The ICIA Office via Mail or Fax By January 23, 2009
Indiana Crop Improvement Association
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