



Crop Residues

for Advanced Biofuels Workshop
EXPLORING SOIL CARBON EFFECTS

Registration Form



August 15–17, 2017 | Sacramento, CA

Attendee Information

I am a member of ASA CSSA SSSA
 ASA, CSSA, or SSSA Member Number _____
 First Name _____ Middle Initial _____
 Last Name/Surname _____
 Mailing Address _____

 City _____ State/Province _____
 Zip/Postal Code _____ Country _____
 This address is Home Business

Daytime Phone _____
 Fax Number _____
 Email Address _____

Emergency Contact: _____ Phone: _____

Badge Information *(this is how your badge will read)*

Badge name (if different from First/Last Name)

 Place of Employment _____
 City _____ State/Province _____
 Country _____

Registration Fees

	Qty.
<input type="checkbox"/> Before July 21, 2017	\$295.00 _____
<input type="checkbox"/> July 21, or AFTER	\$395.00 _____
<input type="checkbox"/> One Day	\$200.00 _____
Total Registration Amount Due	_____

Meal Functions

The following meals are included in your paid registration, please indicate all you will be attending.

- Lunch, Tuesday, Aug. 15 Reception, Tuesday, Aug. 15
 Lunch, Wednesday, Aug. 16 Lunch, Thursday, Aug. 17

ADA or Special Meal Needs? _____

Payment | GRAND TOTAL \$ _____

Check one of the forms of payment below. Registration forms not including proper full payment will not be processed.

- Check (made payable to ASA, drawn on a US bank in U.S. funds, including routing numbers.)
 Credit Card. Accepted credit cards include Master Card, Visa, Discover, and American Express.
Portions of your fee can be applied to your personal card or company card.

Credit Card Number _____
 Exp. Date (Mo/Yr) _____
 Card Billing Zip Code _____
 Card Holder Name (please print) _____
 Card Holder Signature _____
 Amount _____

Credit Card Number _____
 Ex. Date (Mo/Yr) _____
 Card Billing Zip Code _____
 Card Holder Name (please print) _____
 Card Holder Signature _____
 Amount _____

I grant ASA, CSSA, SSSA permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media including social media, whether now known or hereafter existing, controlled by ASA, CSSA, SSSA, in perpetuity, and for other use by the ASA, CSSA, SSSA. I will make no monetary or other claim against the ASA, CSSA, SSSA for the use of the interview and/or the photograph(s)/video.

Send completed form to:

email: lnavis@sciencesocieties.org | **Fax:** 608-273-2021

Mail: ASA, CSSA, and SSSA, 5585 Guilford Road, Madison, WI 53711