

# RMAA Summer Meeting | Aug. 17-18, 2016 | Attendee Registration

Must be from the same company to receive discount and MUST register together!  
 Registrants UNDER 30 years of age are complimentary! (Does NOT include Golf)

Registration					
	Registration	Under 30	Golf	Mulligans	TOTAL:
Name: _____ Company: _____	<input type="checkbox"/> \$140	<input type="checkbox"/> Comp.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$20.00	
	<input type="checkbox"/> Paying for		<input type="checkbox"/> Put in my 4-some		
Name: _____ Company: _____	<input type="checkbox"/> \$70	<input type="checkbox"/> Comp.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$20.00	
	<input type="checkbox"/> Paying for		<input type="checkbox"/> Put in my 4-some		
Name: _____ Company: _____	<input type="checkbox"/> \$70	<input type="checkbox"/> Comp.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$20.00	
	<input type="checkbox"/> Paying for		<input type="checkbox"/> Put in my 4-some		
Name: _____ Company: _____	<input type="checkbox"/> \$70	<input type="checkbox"/> Comp.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$20.00	
	<input type="checkbox"/> Paying for		<input type="checkbox"/> Put in my 4-some		
<b>Sponsorship Opportunities</b>					
Meeting Sponsor				\$500.00	\$
<b>Hole Sponsorship - Includes Signage</b>					
My Company name should be listed as:			\$175 x _____	\$	
<b>Scholarship Donations</b>					
				<input type="checkbox"/> \$100	<input type="checkbox"/> \$250
				<input type="checkbox"/> \$500	<input type="checkbox"/> Other \$ _____
I would like to donate/contribute the following to the Scholarship Auction.					\$
<b>GRAND TOTAL</b>					<b>\$</b>

I want to golf with the following people: (Please include golfers name and company)

1. _____	Company: _____
2. _____	Company: _____
3. _____	Company: _____

## Method of payment:

Check payable to Rocky Mountain Agribusiness Association (RMAA) and mailed with registration form(s)

Please charge my:  VISA  MasterCard  American Express Amount: \$ \_\_\_\_\_

Card#:                 Exp. Date:   /   CVC Code:      
(code on back of card front 4 for AMEX)

Credit Card Billing Address, City, State, Zip (required): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please send payment to:

Rocky Mountain Agribusiness Association  
 12011 Tejon St., Ste. 700 | Westminster, CO 80234  
 or Fax to 303-458-0002 | Questions? Call 303-280-5208



**NO REFUNDS AFTER AUGUST 8th!**

**For Office Use Only:**

Method of payment:  Check  Credit Card  Cash

Date: \_\_\_\_\_ \$Paid \_\_\_\_\_ # \_\_\_\_\_