

# RMAA Fall Event | Sept. 6-7, 2017 | Attendee Registration

Company Name (Multiple registrants with the same company receive a discount)

Mailing Address

City | State | Zip Phone | E-mail

Registrant Name	Registration	After Aug 28th	Under 30	Golf	After Aug 28th	Mulligans (supports scholarship)	TOTAL
Name: _____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> Comp.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$20	\$ _____
Name: _____	<input type="checkbox"/> \$115	<input type="checkbox"/> \$140	<input type="checkbox"/> Comp.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$20	\$ _____
Name: _____	<input type="checkbox"/> \$115	<input type="checkbox"/> \$140	<input type="checkbox"/> Comp.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$20	\$ _____
Name: _____	<input type="checkbox"/> \$115	<input type="checkbox"/> \$140	<input type="checkbox"/> Comp.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150	<input type="checkbox"/> \$20	\$ _____

### Sponsorship Opportunities

Meeting Sponsor-See final page for benefits  \$500 \$

### Hole Sponsorship- Includes Signage

My company should be listed as: \_\_\_\_\_ \$200 x \_\_\_\_\_ \$

### Scholarship Donations

Please select what level you would like to donate at:  \$100  \$250  \$500  Other \_\_\_\_\_ \$

### I would like to donate/contribute the following to the Scholarship Auction

Please list item(s) here- \_\_\_\_\_

**GRAND TOTAL** \$

### Golf Registration: 2-man Scramble - List the golfer you are paying for/golfing with.

Name(s) of golfer:

1. \_\_\_\_\_  Paying for  Put in my 2-some

### 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)

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  
Questions? Call 303-280-5208

### For Office Use Only:

Method of payment:  Check  Credit Card  Cash

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

**NO REFUNDS AFTER AUGUST 28th!**