

RMAA Fall Event | Sept. 5-6, 2018 | Attendee Registration

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

Mailing Address _____

City | State | Zip _____ Cell Phone | E-mail _____

Registrant Name	Registration	After Aug 28th	Under 30	Golf	After Aug 28th	Mulligans (supports scholarship)	TOTAL
1.) 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	\$ _____
2.) 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	\$ _____
3.) 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	\$ _____
4.) 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 Gold \$800 Silver \$500 Bronze \$300 \$ _____

Hole Sponsorship- Includes Signage

My company should be listed as: _____ \$250 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- _____

Golf Registration: 4-man Scramble - List the golfer you are paying for/golfing with.

Name(s) of golfer:

- 1. _____ Paying for Put in my 4-some
- 2. _____ Paying for Put in my 4-some
- 3. _____ Paying for Put in my 4-some
- 4. _____ Paying for Put in my 4-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 Front 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
 Questions? Call 303-280-5208

For Office Use Only:
 Method of payment: Check Credit Card Cash
 Date: _____ \$Paid _____ # _____

NO REFUNDS AFTER AUGUST 28th!