

# 2011 Farmer to Farmer Conference Registration Form

Please fill out **ONE FORM PER PERSON** and write legibly – thanks!

Name _____ Farm _____ Address _____ Town _____ State _____ Zip _____ Phone _____ Email _____	Presentation Choices- Please circle <b>ONE</b> for each session you will attend: Saturday AM: A B C D E F Saturday PM: G H I J K L M Sunday AM: N O P Q R S T  <input type="checkbox"/> I will attend the Friday Farm Tours <i>(directions will be posted on the website)</i>
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### ACCOMMODATIONS

Room reservations will be handled directly through the conference center. We've arranged special room rates (\$75-\$150) for conference participants. **Please call Point Lookout 800-515-3611 to book your room. Be sure to call by October 7<sup>th</sup>** and mention that you will be attending the Farmer-to-Farmer conference.

See the section on accommodations in the program for details or visit our website, [www.mofga.org](http://www.mofga.org).

<b>REGISTRATION FEES</b> (per person) <input type="checkbox"/> Full Conference Registration <b>\$150</b> <b>OR</b> A La Carte ( <b>\$50</b> each session) <b>Saturday:</b> <input type="checkbox"/> AM Session (\$50) <input type="checkbox"/> PM Session (\$50) <b>Sunday:</b> <input type="checkbox"/> Keynote + AM Session (\$50)	REGISTRATION FEE TOTAL:
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<b>JOIN US on the BUS TOUR!</b> We'll tour the farms on a tour bus that will depart Point Lookout at 11:45 am and will return at approximately 6:30pm. # _____ ADULTS \$30 # _____ CHILDREN \$15 Cost includes a local organic box lunch.	BUS TOUR TOTAL:
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<h3 style="text-align: center;">MEALS</h3> <p style="text-align: center;"><i>Meals for children under 6 are FREE Children ages 13 and older pay adult meal fee.</i></p> <p style="text-align: center;"><b><i>Non-participant visitors are asked to pay for meals</i></b></p> <p><u>Full Meal Package -includes breakfast, lunch &amp; dinner on Saturday; breakfast &amp; lunch on Sunday:</u></p> <p style="text-align: center;"><input type="checkbox"/> Adult \$50 <input type="checkbox"/> Children ages 6-12, \$25</p> <p><b>OR</b> A La Carte (check meals that you will attend):</p> <p><b>Saturday:</b> <input type="checkbox"/> Breakfast \$8(Adult)/\$4(Child) <input type="checkbox"/> Lunch \$12(A)/\$5(C) <input type="checkbox"/> Dinner \$25(A)/\$11(C)  <b>Sunday:</b> <input type="checkbox"/> Breakfast \$8(A)/\$4(C) <input type="checkbox"/> Lunch \$12(A)/\$5(C)</p>	MEALS TOTAL:
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<b>CHILD CARE</b> * <i>If you have an infant please contact the office for arrangements</i> <b>pre-registration is required</b> \$15/child per session or \$30/child for all sessions: <b>Saturday:</b> <input type="checkbox"/> AM Session, Names/ # of child(ren)/age(s): _____ <input type="checkbox"/> PM Session, Names/ # of child(ren)/age(s): _____ <b>Sunday:</b> <input type="checkbox"/> Keynote + AM Session, Names/ # of child(ren)/age(s): _____	CHILD CARE TOTAL:
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<b>DISCOUNTS:</b> <b>Apply ONLY to FULL Conference Registration</b> <input type="checkbox"/> -\$5 Early Registration (postmarked by September 15th) <input type="checkbox"/> -\$5 Certified Grower <input type="checkbox"/> -\$5 MOFGA/NOFA member <input type="checkbox"/> -\$20 Students/Apprentices	WORKSHOP + MEALS: _____ CHILD CARE TOTAL: _____ - DISCOUNTS: _____ TOTAL AMOUNT ENCLOSED: _____
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<input type="checkbox"/> Check payable to MOFGA enclosed <input type="checkbox"/> Credit Card: VISA or Master card (circle one) # _____ Exp. date: _____ cv3 code: _____ Billing address (if different from above) _____ Name on card: _____ Signature: _____
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**Please return to MOFGA, PO BOX 170, Unity, ME 04988 or fax to 207-568-4141**  
**REGISTRATION CLOSES October 7th at 5pm**