

**4th ANNUAL WORKSHOP ON *Medicago truncatula*
July 7-9, 2001**

**The Pyle Center
Madison, Wisconsin**

REGISTRATION FORM (please print this form and mail or fax to the address or telephone number listed below):

Name _____ Badge Name _____
Affiliation _____ Address _____
City, State _____ Zip/Country _____
Telephone () _____ Fax () _____
E-Mail _____

Conference Registration includes Saturday, Sunday and Monday continental breakfasts and lunches; Saturday reception and dinner, refreshment breaks; and conference materials.

Registration Fees:

General Registration (before June 7th) \$200.00 \$ _____

General Registration (after June 7th) \$225.00 \$ _____

Two tours are scheduled during the meeting. Please indicate if you plan to attend.

Monday, July 9.

Tour of USDA-ARS Dairy Forage Laboratory.
Yes No

Tuesday, July 10.

Trip to Devil's Lake (Lunch included).
Yes No

Options:

Guest Dinners ___ @ \$25.00 \$ _____

TOTAL ENCLOSED \$ _____

Method of Payment: Check or money order MasterCard Visa
(payable to UW Extension)

Cardholder Name _____

Account # _____ Expiration Date _____

Signature (required for credit card transaction) _____

Send Registration Form with check enclosed to:

***Medicago truncatula* Workshop**

ATTN: Sue Morehouse
The Pyle Center, Rm. 139
702 Langdon Street
Madison, WI 53706

OR, **Fax** form with credit card or purchase order information to: (608) 265-3163

Please indicate any special dietary or access needs: _____

For Registration information contact: **Sue Morehouse** (608) 262-8892 or morehous@ecc.uwex.edu

For Program information contact: **Douglas Cook** (530) 754-6561 or drcook@ucdavis.edu

Early Registration Deadline: June 7, 2001