

REGISTRATION FORM

The 31st Anniversary Conference of the American Livestock Breeds Conservancy *Multi-tasking Livestock: Adapted Breeds for Productive Farms* September 19-21, 2008

Registration Deadline: September 1, 2008

Fee Structure (*per Attendee*) - Please use the letters A, B, C, D to indicate which participant is registering for which activities.

Full Conference Package (*includes Friday Night Reception, Saturday Meetings, and Saturday Night Banquet only*)

ALBC Members **\$135.00** Registrant A B C D (*Please circle all that apply*)

Non-Members **\$165.00** Registrant A B C D (*Please circle all that apply*)

Friday Pre-Conference Clinics (*not included in Full Conference Package price, limited seating*)

Morning Clinics

ALBC Member/NonMember

Turning a Whole Pig Into Bites **\$65.00 / \$75.00** Registrant A B C D (*Please circle all that apply*)

Rare Breeds for Dairy Production **\$40.00 / \$50.00** Registrant A B C D (*Please circle all that apply*)

Afternoon Clinics

Chicken Breeder Selection Clinic **\$40.00 / \$50.00** Registrant A B C D (*Please circle all that apply*)

Effective Governing Boards for Breed Associations **\$10.00 / \$15.00** Registrant A B C D (*Please circle all that apply*)

Friday Reception only (ALBC Members) **\$40.00** Registrant A B C D (*Please circle all that apply*)

Friday Reception only (Non-Members) **\$50.00** Registrant A B C D (*Please circle all that apply*)

Saturday Reception and Banquet only **\$50.00** Registrant A B C D (*Please circle all that apply*)

Please Print	Total per attendee	
Name (A)	\$	
Name (B)	\$	
Name (C)	\$	Grand Total
Name (D)	\$	\$

Address to which you would like the conference registration certification and information mailed:

Address _____

City _____ State _____ Zip _____

Telephone (day) _____ E-mail _____

Payment:

Total Enclosed: \$ _____ Check Credit Card (Visa/MasterCard only)

Account # _____ **Exp. Date:** _____

V-code: _____ (*last 3 digits on back of card*) **Name on Card:** _____

Billing Address (*if different from mailing address above*):

Address _____

City _____ State _____ Zip _____

Return completed form with payment to: ALBC Conference PO Box 477 Pittsboro, NC 27312

If you have any questions contact us: Phone: 919-542-5704 Fax: 919-545-0022 Email: albc@albc-usa.org

Registrations paid by credit card may be submitted by fax, phone or e-mail. Registration forms also available online: www.albc-usa.org.

Contact ALBC office for questions regarding cancellation policy.

Attendees are responsible for arranging their own transportation and accommodations.