

Bear River Symposium & Utah Non-Point Source Pollution Conference

Utah State University — Eccles Conference Center

September 5-7, 2007

Name _____ Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone (day) _____ Phone (evening) _____ Email _____

Please note: guest or companions are welcome to attend all conference sessions and events. Please check the "guest included" boxes and include the extra cost in your payment,

	REGISTRATION OPTIONS	FEE Rec'd by 8/17	FEE Rec'd after 8/17	TOTAL
<input type="checkbox"/>	Full Conference Registration Includes: Wed. tour, breakfast, and box lunch, Wed. BBQ dinner, all sessions Thurs. & Fri., Thurs. breakfast & lunch, Fri. cont. breakfast Please select your tour choice: <input type="checkbox"/> Cutler Marsh Tour <input type="checkbox"/> Northern Cache Valley Tour	\$ 125	\$ 150	\$
	<input type="checkbox"/> guest included	\$ 125	\$ 150	
<input type="checkbox"/>	Conference Only Registration Includes: all sessions Thurs. & Fri., Thurs. breakfast & lunch, Fri. cont. breakfast	\$ 100	\$ 125	\$
	<input type="checkbox"/> guest included	\$100	\$125	\$
<input type="checkbox"/>	Wed. Tour Only Includes: Tour, breakfast, and box lunch Please select your tour choice: <input type="checkbox"/> Cutler Marsh Tour <input type="checkbox"/> Northern Cache Valley Tour	\$ 35	\$ 50	\$
	<input type="checkbox"/> guest included	\$ 35	\$50	\$
<input type="checkbox"/>	Wed. BBQ Dinner Only (Wed. 9/5/07)	\$ 20	\$ 30	\$
	<input type="checkbox"/> guest included	\$ 20	\$ 30	\$
<input type="checkbox"/>	STUDENT Conference Only Registration Includes: all sessions Thurs. & Fri., Thurs. breakfast & lunch, Fri. cont. breakfast Please enter your student ID number here: _____	free	free	\$
TOTAL AMOUNT ENCLOSED			\$	

- I would like to apply for a fee waiver scholarship for the Conference Only Registration.** Please attach a 100 word paragraph that describes why you should receive a scholarship (financial need, interest in water quality protection, etc.) A total of 15 conference only registration fee waiver scholarships will be awarded.

Four Ways to Register:

1. Register on-line at: <http://sail2.ext.usu.edu/bearriver/>
2. Mail the registration form to:
 Bear River Symposium/Non-Point Source
 Registration Services
 5005 Old Main Hill, Logan, UT 84322-5005
3. Fax the registration form to 435-797-0636.
4. Call to register at (800) 538-2663 or (435) 797-0423.

Questions and Confirmations

Registration questions? Call 1-800-538-2663 or 435-797-0423.

Confirmations will be mailed for registrations received at least seven days prior to conference.

Disability & Dietary Requirements

- Reasonable accommodation is available for persons with disabilities. Fourteen working days notice is needed to prepare materials and services. Please check this box and we'll contact you for additional information.
- Specify any special dietary considerations

Cancellation/Refund Policy

Refunds will be made to those registrants who must cancel, less a **\$25** processing fee. Written cancellation must be received by

August 17, 2007. No refunds will be made after that date.

Substitutions are always accepted. *Utah State University reserves the right to cancel this program due to insufficient enrollment and limits its liability to registration refunds only.*

FOR OFFICE USE ONLY			
Batch Date	_____	Initials	_____
Participant No.	_____	Date Pmt. Rec'd.	_____
Confirmation Sent	_____	Check	<input type="checkbox"/> business # _____
<input type="checkbox"/> Inv No.	_____		<input type="checkbox"/> personal # _____
Cancel Date	_____	<input type="checkbox"/> cash	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Dis
		<input type="checkbox"/> Dnr	<input type="checkbox"/> AMEX
<input type="checkbox"/> CR Refunded	_____	Total Amt. Rec'd.	_____

Method of Payment

Full payment is required in advance.

- Check (payable to USU Conference Services)
 Purchase Order (complete copy must be attached)
 PO # _____

Credit Card (please check one)

- Visa MasterCard Discover Diners AMEX

Name on card _____

Card Number _____

Exp. Date _____

Signature _____

Card Holders Phone # _____