

***Northern Utah Economic Summit***  
***“WHATS GOING DOWN UP NORTH”***  
***Thursday, September 24, 2009***  
*9:00am – 3:00 pm*

Please register by filling out the necessary information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

***Early Registration: March 24 – September 1, 2009***

(In order to receive early registration we must receive your registration by September 1, 2009 at 5:00pm)

- Participant* (includes lunch)—\$30.00
- I plan to eat lunch at the conference
- I do not plan to eat lunch at the conference
  
- Presenter* (includes lunch & complimentary registration)—\$00.00
- I plan to eat lunch at the conference:
- I do not plan to eat lunch at the conference

***Regular Registration: September 2 – September 24, 2009***

- Participant* (includes lunch)—\$40.00
- I plan to eat lunch at the conference
- I do not plan to eat lunch at the conference

*Sponsorship options and the number of participant registrations included:*

- Bronze*** - \$100.00 (1-part.)     ***Silver*** - \$300.00 (3-part.)     ***Gold*** - \$500.00 (5-part.)

For more information on each of the sponsorship options please contact  
 Contact Monica Neilson at 435-797-9610

Please indicate the name(s) of the participant(s) who will be attending the event **AND** whether or not they will be eating lunch which is provided with each sponsorship.

- |                      |   |
|----------------------|---|
| Participant 1- _____ | Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Participant 2- _____ | Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Participant 3- _____ | Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Participant 4- _____ | Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Participant 5- _____ | Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No |

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**Please indicate your Payment:**

Check       Credit Card

**Please make checks payable to Utah State University**

**Payment Method:** (Please circle)

Visa    Discover    American Express    MasterCard    Diners Club    USU P-card

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Send registration and payments to:**

University Inn and Conference Center  
Registration Services  
5005 Old Main Hill  
Logan, UT 84322-5005

Fax Number:  
435-797-0636