

July 23-26, 2006

Eighth International Conference on
PRECISION AGRICULTURE
 and other Precision Resources Management
 Minneapolis Marriott City Center – Minneapolis, Minnesota – USA

EXHIBITING COMPANY BOOTH REPRESENTATIVE INFORMATION (use Exhibitor Booth Form to Register Exhibit Space)

Booth #1 Representative			
Company/Institution			
Address			
City	State	Zip/Postal Code	Country
Daytime phone		FAX	
Email:			

EXHIBITING COMPANY BOOTH REPRESENTATIVE INFORMATION (use Exhibitor Booth Form to Register Exhibit Space)

Booth #2 Representative (if applicable)			
Company/Institution			
Address			
City	State	Zip/Postal Code	Country
Daytime phone		FAX	
Email:			

INSTRUCTIONS FOR ALL EXHIBITOR FORMS

- 1) Complete Exhibitor Booth Registration Form and payment
- 2) Complete Exhibitor Rep Registration Form (one complimentary Booth representative per exhibit booth purchase)
- 3) If additional company representatives will be attending your exhibit booth, please complete the Extra Rep Form. You may register up to six employees maximum per booth. The registration fee for each additional company representative is \$325.
- 4) Please mail your registration and payment to:

Gene Anderson University of Minnesota 352 Classroom Office Building 1994 Buford Avenue St. Paul, MN 55108	OR FAX YOUR REGISTRATION WITH CREDIT CARD INFORMATION TO GENE ANDERSON, 612-624-6225.
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- 5) For questions relating to your exhibit booth or company representatives registration, please call Gene Anderson at 612-625-7084 or email: eanderso@cce.umn.edu
- 6) Booth spaces are on a first-come first-served basis; booth space will only be held with payment at the time of booth registration.

HOW TO REGISTER:

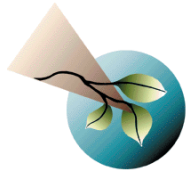
Mail Registration to:
 Gene Anderson
 University of Minnesota
 352 Classroom Office Bldg.
 1994 Buford Avenue
 St. Paul, MN 55108 USA

Or Fax Registration with Credit Card Information to:
 Gene Anderson, FAX: 612-624-6225

CANCELLATION POLICY:

Cancellations received by Friday, June 23, 2006 are refundable less a \$50 cancellation fee. Between June 24th and July 19th, 2006, refundable less a \$100 cancellation fee. After July 19th, refunds will not be issued. Please note that if you do not cancel and do not attend, you are still responsible for payment.

TURN FORM OVER TO REGISTER EXHIBIT COMPANY BOOTHS & PAYMENT



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EXTRA BOOTH REPRESENTATIVE INFORMATION

Extra Booth Representative #1			
Company/Institution			
Address			
City	State	Zip/Postal Code	Country
Daytime phone		FAX	
Email:			
Extra Booth Representative #2			
Company/Institution			
Address			
City	State	Zip/Postal Code	Country
Daytime phone		FAX	
Email:			
Extra Booth Representative #3			
Company/Institution			
Address			
City	State	Zip/Postal Code	Country
Daytime phone		FAX	
Email:			

FEES

Number of Extra Booth Representatives _____ @ \$325 ea. \$ _____ (include all registrations from front and back of form)

METHOD OF PAYMENT:

- Enclosed is a check or money order payable to the University of Minnesota in U.S. funds that are drawn on a U.S. bank
- Please bill my organization (purchase order or letter of authorization attached)
- Please charge my U of MN CUFS#: _____
- Please charge my ___ Visa ___ MasterCard ___ Discover/Novus ___ American Express;

Card Number	Expiration Date	Amount to Charge: \$
Print Name as it appears on card	Signature of Cardholder	

HOW TO REGISTER:

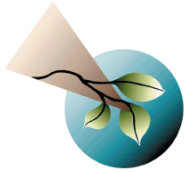
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TURN FORM OVER TO REGISTER MORE EXTRA BOOTH REPRESENTATIVES



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EXTRA BOOTH REPRESENTATIVE INFORMATION

Extra Booth Representative #4			
Company/Institution			
Address			
City	State	Zip/Postal Code	Country
Daytime phone		FAX	
Email:			
Extra Booth Representative #5			
Company/Institution			
Address			
City	State	Zip/Postal Code	Country
Daytime phone		FAX	
Email:			
Extra Booth Representative #6			
Company/Institution			
Address			
City	State	Zip/Postal Code	Country
Daytime phone		FAX	
Email:			

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TURN FORM OVER FOR PAYMENT OF EXTRA BOOTH REPRESENTATIVES