

Montana Organic Association's 16th Annual Conference
 December 6 – 8, 2018, Mansfield Convention Center, Great Falls, MT
Participant Registration Form (Please register early so we know how many meals we need to order)

Name _____

(If registering an organization, please fill out a form for each participant)

Farm or Organization _____

Address _____

City, State, Zip _____

Day Phone _____ Email _____

MOA Conference Registration

Early registration for conference and meals for Members..... \$140..... \$ _____

Early registration for conference and meals for Non-Members..... \$175..... \$ _____

(Includes a one year complimentary Individual membership to MOA)

Early registration for conference @ Student Rate \$65..... \$ _____

Organic University \$10..... \$ _____

GAP Training (please enter "0" on line at far right if attending)..... \$ 0..... \$ _____

Late Registration after November 26 (add \$15 per person) \$15..... \$ _____

(Meals cannot be guaranteed for very late registrants)

Will you attend all meals? Yes _____ No _____ **If No**, which meals will you attend?

Thurs.: reception ___ **Fri.:** Breakfast ___ Lunch ___ Dinner ___ **Sat.:** Breakfast ___ Lunch ___

<p>Food Preferences:</p> <p>Omnivore _____</p> <p>Vegetarian _____</p> <p>Vegan _____</p> <p>Gluten – free _____</p>	<p>I'd like to donate an item(s) to the raffle/auction. Item description:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Visit https://tinyurl.com/ybtnca5h for donation guidelines.</p> <p>Questions? Call Cliff (406) 654-4391</p>	<p>Sharon Lindquist Scholarship Fund to those in need..... \$ _____</p> <p>MOA Memberships</p> <p>Individual\$30..... \$ _____</p> <p>Household\$50..... \$ _____</p> <p>Farm/Ranch/Business \$75 .. \$ _____</p> <p>Organic Business.....\$250 . \$ _____</p> <p>Other Membership..... \$ _____</p> <p>Tours & Kids' U Reg Forms -----></p>
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Enter Order Number here _____ if paid online (email or mail this form in to MOA) **TOTAL \$** _____

Payment (by check to "MOA" or online at www.MontanaOrganicAssociation.org/commerce.htm)

Please note: Refunds are not available for cancellations made after November 26, 2018.

If you need registration assistance due to drought or other extenuating circumstances, please contact Jamie at (406) 546-6572.

Return this form to: Montana Organic Association, PO Box 9823 Kalispell, MT 59904, OR Email filled out form to: moamembership@gmail.com Questions? Call Patti at (406) 333-1054

For more conference information, visit: www.montanaorganicassociation.org

Montana Organic Association 16th Annual Conference
Thursday, December 6, 2018, Mansfield Convention Center, Great Falls, MT
Farm Tours Registration Form

Number of participants is limited and on first come basis. Meet at the Mansfield Convention Center by 1:30 for carpooling.

Name _____

Farm or Organization _____

Address _____

City, State, Zip _____

Day Phone _____ Evening Phone _____ Email _____

Please let us know if you are interested in attending one of the tours.

There is no charge for the tours and your early indication of interest will help us in planning.

_____ **A Healthy Horizon** (Natural Health and Holistic Nutrition), 824 2nd St S, Great Falls

Meet at 1:00 PM at Mansfield Convention Center to carpool. www.ahealthyhorizon.com

_____ **Wilcox Farms**, Egg Processing, 1401 Stuckey Road, Great Falls, MT, www.wilcoxfarms.com

Meet at 1:30 PM at Mansfield CC to carpool. Tours at 2:00 PM and 3:30 PM, limit 25

_____ **Saibeen's Kitchen**, East Indian and East African Cooking Demo with Saibeen Acord
3:30 PM 525 Central Avenue, Great Falls, (6 blocks from Mansfield) – limit 25

Montana Organic Association 16th Annual Conference
Friday, December 7, 2018, Children's Museum of Montana, Great Falls, MT
Kids' University Registration Form

This signed parent permission form must be returned in order for each child to participate in kid's university.

Participant's Name: _____ Age: _____

Participant's signature: _____

Address: _____

Home Phone: _____ Email: _____

Phone Number Parent/Guardian can be reached during the conference: _____

Signature of Parent/Guardian: _____

Are there any special instructions, medical or otherwise, regarding the participant that we need to be aware of?

Please include \$5 per child (\$20 family max).....TOTAL AMOUNT INCLUDED: \$ _____

The parent and/or guardian and the participant hereby releases the Montana Organic Association, their officers, members, or anyone connected with this conference from all claims, demands, actions, or liabilities of any kind whatsoever of my representative, children, or employees by reason of injury, loss or damage suffered by me or my property, or them because of any condition whatsoever.

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