

Eco-Farm Pre-Conference Registration Form

Please fill out ONE form per person. Please PRINT.
 Registration postmarked after **1/14/08** may not receive confirmation.
 Questions? Call (831) 763-2111, fax (831) 763-2112, or: info@eco-farm.org

I am also registering for Eco-Farm Conference: Yes _____ No _____
Main conference registration forms can be found on page 31 & 32 or at www.eco-farm.org

NAME: (First) _____ (Last) _____
 AFFILIATION/COMPANY: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 TELEPHONE: _____ SEX: M / F { important for lodging assignment!
 EMAIL: _____
 (circle) --> Farmer/Handler/Retailer/Researcher/Activist/Other: _____

Pre-Conferences on Jan. 20 & Jan. 21

These selections are without lodging, but with lunch. See page 8 & 9 for details.

Healthy Farms, Healthy People (Jan 20 & 21) (lunch included Wed.) **\$100** \$ _____

Healthy Farms.... for CCOF Members (Jan 20 & 21) (lunch included) **\$ 80** \$ _____

OR **Single Day: Tues afternoon** **\$35 CCOF member, \$50 Regular** \$ _____

Wed. all day **\$60 CCOF member, \$75 Regular** \$ _____

Effective Meetings.... Wednesday 1 - 5 pm **\$60** \$ _____

Accredited Certifier Professional Training (check box here if lodging, _____
but contact patriciakane@accreditedcertifiers.org to register)

Eco-Farm Bus Tour & School Garden Tour (See main registration forms on pages 31-32.)

Lodging on Jan. 19 or Jan. 20 (for lodging other nights, use main form.)

Pre-Conference Lodging (including Meals* and Lodging)		Mon	Tue	(Please circle)
Double occupancy @ Asilomar (w/Meals*).....	\$125	125	\$ _____	
Quadruple occupancy @ Asilomar (w/Meals*).....	95	95	\$ _____	
Private (single) room @ Asilomar (w/Meals*)	190	190	\$ _____	
Motel: Pacific Gardens (no meals)	150	150	\$ _____	
Deer Haven Inn (no meals)	125	125	\$ _____	
2nd person sharing motel room (no meals)	50	50	\$ _____	

* Meals for Lodging start with non-organic Asilomar dinner & then breakfast and lunch the next day (organic lunches). Vegetarians check here: _____

Roommate/Room Request _____
 (Please see guidelines for roommate requests on page 30)

Disability Access Required _____ Nature of Disability _____

Payment – VISA or Mastercard or check to "EFA":

Card No. _____

Expiration _____ V Code _____ Last 3 digits on back of card in signature area

Signature _____

Subtotal: \$ _____

Total Enclosed: \$ _____