REGISTRATION

BARLEY IMPROVEMENT CONFERENCE JANUARY 8, 2003

THE SIR FRANCIS DRAKE HOTEL

SAN FRANCISCO, CALIFORNIA

Advance registration is REQUIRED. This allows AMBA to plan for meal functions. Registration Fee: \$160.00. (Fee includes meetings, lunch, evening banquet and receptions). Registration fee is required to be paid in advance. A separate form is included if you choose to use your MasterCard, Visa or American Express card. You may fax this to AMBA along with your Registration Form (414-272-4631). Anyone needing more registration forms should call the AMBA office, (414) 272-4640.

All meal tickets and registration materials will be held at the conference registration desk outside of the hospitality from 7:00 p.m. to 9:00 p.m. Tuesday, January 7th, and from at 8:00 a.m. to 10 a.m. Wednesday, January 8th, outside of the room where the conference will be held. Conference locations will be posted in hotel lobby.

Optional Tours January 9, 2003

The cost of the optional tour of the Sierra Nevada Brewing Company, Chico, California, is **\$50**, to cover the cost of the bus trip. Malt refreshments and lunch are courtesy of Sierra Nevada Brewing Company.

There is no cost to participate in the tour of the USDA-ARS Western Regional Research Center, Albany, CA.

Please make checks payable in US\$ to American Malting Barley Association, Inc. and mail to:

American Malting Barley Association, Inc. 740 N. Plankinton Avenue, Suite 830 Milwaukee, WI 53203-2403

FILL OUT THE FORM BELOW AND RETURN IT TO AMBA ON OR BEFORE DECEMBER 27, 2002

NAME: Last	First	M.I
COMPANY:		
ADDRESS:		
CITY, STATE, ZIP:		
	al Code and please include Country)	
	al Code and please include Country) FAX NUMBER: ()	
TELEPHONE NUMBER: ()		
TELEPHONE NUMBER: ()	FAX NUMBER: ()	
TELEPHONE NUMBER: ()	FAX NUMBER: ()/ill Attend:	
FELEPHONE NUMBER: () E-MAIL ADDRESS: Please Indicate Which Events You W	/ill Attend: e - \$160.00	

VISA/MASTERCARD/AMERICAN EXPRESS FORM BARLEY IMPROVEMENT CONFERENCE January 8, 2003

Please IIII out form comp	ietery.		
VISA	MasterCard	American Express	
Name on Card:			
Card Number:			
Expiration Date:			
Number of people registering	ng under this Card:		
Conference Registration F	ee of \$160.00/person	equals:	\$
Optional BUS Tour Janua	\$		
		TOTAL	\$
Telephone Number			
Signature of Cardholder:			
A copy of this will be use	d as your receipt. Ple	ease choose one of the foll	owing.
Do not send a rece	ipt		
Fax this receipt to	me. FAX Number:		
Mail this receipt to	me.		
Company:			_
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For Office Use			
Date Charged:		Amount Charged:	
Credit Card Confirmation	#:		
Bv·			