Industrial Advisory Board Meeting
Registration

What: 2009 Fall CBERD Industry/University Meeting
When September 9-11, 2009 (Weds evening, Thurs, Fri)
Where: Rushmore Plaza Holiday Inn
505 North Fifth Street
Rapid City, SD  57701

There will be a registration fee of $200 per person ($25 students). This registration fee covers a Wednesday reception (cash bar); continental breakfast, lunch, and a reception/banquet on Thursday, and breakfast/box lunch on Friday.

Please register before the meeting so we can have an accurate headcount for meals, etc.

You may register by either of THREE methods:

1. Telephone your credit card information to Linda Embrock at 605-394-2421 or to Duane Abata at 605-394-5264, -OR-

2. Print the registration form below, complete it with credit card information and email or fax it back to linda.embrock@sdsmt.edu, telefax phone 605-394-1232 –OR-

3. Complete the registration form and send a check made payable to CBERD – SDSMT Foundation, mailing address: SDSMT Foundation, 501 E. St. Joseph Street, Rapid City, South Dakota 57701.

You will receive a receipt for your registration after processing.

Please note that credit cards will not be accepted at the conference site.

Thank you for prompt payment.

Use your Web Browser Back Button to return to the Industry Page
Name (as it appears on credit card)
__________________________________________________________

Company ____________________________________________________

Address ______________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Contact Phone Number ___________________________________________

Registration Fee Payment, $200 all participants, $25 students

_____ VISA _____ MasterCard _____ Discover (check one)

Card Number: ____________________________ Verification # _________

Expiration Date: ________________________________________________

Signature: _______________________________________________________

Date: __________________________________________________________________

If you choose to register by use of this form rather than telephoning this information
directly, fax or email this form to Linda Embrock (Linda.embrock@sdsmt.edu),
телекс phone
605-394-1232.

Credit cards will not be accepted at the conference site.