



112th Annual Convention & Processing Crops Conference

November 29 - December 1, 2016 Kalahari Resort

Wisconsin Dells, WI

Agenda (subject to change)

Tuesday, November 29:

11am-4pm - Processing Crops Conference
5pm-7pm - All Industry Reception



Wednesday, November 30:

9:30am-3pm - Processing Crops Conference
9:30am-4:30pm - Convention & Trade Show
5pm-7pm - Chairman's Reception & Silent Auction



Thursday, December 1:

8:30am-2pm Convention & Trade Show

Registration Form

Please type, print or attach business card. EMAIL to brian.deschane@mwfpa.org
FAX to (608) 255-9838 -or- MAIL to MWFPA, 4600 American Pkwy, Suite 210, Madison, WI 53718

Company _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address _____

Payment Type:

Check (Payable to MWFPA, Fed. ID # 30-0711980)

Purchase Order Number _____

Credit Card: MC VISA AMX

Registration Fee: Total \$ _____

\$190.00 MWFPA Member Full Show

\$120.00 MWFPA Member Wed. ___ or Thur. ___

\$480.00 Non-Member Full Show

\$280.00 Non-Member Wed. ___ or Thur. ___

Cardholder's Name (print) _____ Signature _____

Card Number _____ Expiration Date: Month _____ Year _____ Code _____

use next page for group registrations

Additional Attendee Registrations: _____ (Company name)

(please add to previous page total)

2 Name _____ Title _____
Company _____
Street Address _____ Zip _____
PO Box _____ Zip _____
City _____ State _____
Telephone _____ Cell _____
Email Address _____

Please indicate attendance: Full Show-\$190 Wednesday only-\$120 Thursday only-\$120

3 Name _____ Title _____
Company _____
Street Address _____ Zip _____
PO Box _____ Zip _____
City _____ State _____
Telephone _____ Cell _____
Email Address _____

Please indicate attendance: Full Show-\$190 Wednesday only-\$120 Thursday only-\$120

4 Name _____ Title _____
Company _____
Street Address _____ Zip _____
PO Box _____ Zip _____
City _____ State _____
Telephone _____ Cell _____
Email Address _____

Please indicate attendance: Full Show-\$190 Wednesday only-\$120 Thursday only-\$120

5 Name _____ Title _____
Company _____
Street Address _____ Zip _____
PO Box _____ Zip _____
City _____ State _____
Telephone _____ Cell _____
Email Address _____

Please indicate attendance: Full Show-\$190 Wednesday only-\$120 Thursday only-\$120

6 Name _____ Title _____
Company _____
Street Address _____ Zip _____
PO Box _____ Zip _____
City _____ State _____
Telephone _____ Cell _____
Email Address _____

Please indicate attendance: Full Show-\$190 Wednesday only-\$120 Thursday only-\$120