



# PRO AG I TRAINING

TRAINING DATE/CITY: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ FIRST NAME FOR BADGE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ IBO NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

CHOOSE A TRAINING FEE	Registration Fee	On-Site Registration Fee
<b>** A \$5.00 processing fee will be added to your registration**</b>		
<input type="checkbox"/> \$2,950 Leadership Advantage Package	\$0	\$0
<input type="checkbox"/> \$7,500 Wholesale Volume Purchaser	\$0	\$0
<input type="checkbox"/> 1,199 Premier Grower Package	\$0	\$0
<input type="checkbox"/> \$799 Standard Grower Package	\$0	\$0
<input type="checkbox"/> Discount Option:	\$375	\$425
<input type="checkbox"/> No Discount Option:	\$225	\$275
<input type="checkbox"/> Audit:	\$225	\$275
<input type="checkbox"/> Spouse:	\$150	\$200
<input type="checkbox"/> Guest: (can not be an IBO)	\$150	\$200
<input type="checkbox"/> Continuing Education -No Discount given	\$150	\$200
Guest or Spouse Name: _____		
<input type="checkbox"/> Sponsor	\$150	\$200

### PAYMENT OPTIONS:

Check Enclosed (if mailing only)

PAC Name \_\_\_\_\_ PAC # \_\_\_\_\_

Credit Card/E-Acct

Name on Credit Card: \_\_\_\_\_ Credit Card Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_\_\_

**Cancellation:** The training credit or fee paid will be forfeited if you cancel after the 7 day cutoff or no-show on the day of the Pro Ag I training session. There is no penalty for cancellation before 7 days prior to the training session

**Mail to: Conklin Meetings Department 3951 NE Kimball Drive Kansas City, MO 64161 or Fax to 952-224-5106**