

REGISTRATION FORM

Name of Person Attending	: (First)			(Last)		
Address:						
City:	State:		Zip:			
Email:		Phon	ie:			
Current SDSHC Member Yes No						
Please email completed form to sdsoilhealth@gmail.com or mail to address listed below. List any additional registrations, including full name, address, email, phone number, and SDSHC membership status.						
Early registrations are appreciated for planning purposes. Registration for the Soil Health Conference and Annual Meeting is \$50 per person and includes all event materials and meals as well as a free membership or membership renewal if so desired.						
Free Membership or Membership Renewal			I		yes	no
Total Amount Enclosed Or Paid Online \$50/Registration \$						
Payment Type: Enclosed Check Mail check to SD Soil Health Coalition 43968 139th Street Webster, SD 57274.						
	Electro	onic Payment				
Electronic payments can be made on our website at						

Persons requiring special accommodations or materials in an alternate format or language please contact Cindy Zenk (605) 280-4190 one week prior to the event.