

**2019 Southeastern Grain & Feed Association, Inc./Georgia Feed & Grain Association**

*Type or legibly print all information. One person or family per form, please. This form may be duplicated for additional registrations for your company.*

Last Name \_\_\_\_\_ First (for name on badge) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Spouse/guest \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ (Age) \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ (Age) \_\_\_\_\_

Member rates apply to SEG&FA & GA Members	Reg. Fees	Total
<b>Exhibitor Table Space: (with one banquet ticket.)</b>	\$425.00	
<b>Additional Friday Banquet Tickets (for one additional person only in your booth.)</b>	\$125.00	
<b>Golf</b>	\$125.00	
<b>Children's Convention Fees 5-12 years old (4 years and under free)</b>	\$ 50.00	
<b>GRAND TOTAL</b>		

**Conference Hotel**  
**Belmond Hotel**  
**February 21-23, 2019**  
**Room Rate: \$325 plus tax**  
**Phone: 1-800-831-3490**

**To Register:** Fill out the information on this page. Registration fees include admittance to the program, program materials, coffee breaks, receptions, Ladies program, Friday night Banquet, and Friday afternoon activities.

**Children's Registration:** Will include all convention activities, excluding banquet.

**Meeting Cancellation Policy:** Cancellation must be received 72 hours in advance to receive refund.

For Additional information contact Bonnie

**Golf Information:**

Golfer(s) Name \_\_\_\_\_ Handicap \_\_\_\_\_

**Friday Afternoon - Carriage Ride:**

Number of adults in party \_\_\_\_\_ Number of children in party \_\_\_\_\_

**Friday Morning - Ladies Program:** Check here if you would like to participate in the Ladies Program ( )

**Thursday & Friday Evening Children's Program** (included in Children's Registration Fee of \$50)

Check attendance here: Thursday yes ( ) No ( ) Friday yes ( ) No ( )

Children(s) Name and age(s) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

**Method of Payment**



**Check #** \_\_\_\_\_

Card# \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

Exp. Date \_\_\_\_\_

**MAKE CHECKS PAYABLE: SEGFA ADDRESS: P.O. Box 58220 - Raleigh, NC 27658**