

**2015 NDFMGA &
Local Foods Conference**
Friday and Saturday, February 6 & 7
Baymont Inn & Suites, Mandan
Formerly Best Western Seven Seas

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

I'm registering a friend, or two:

Name: _____

Name: _____

*Registrations should be postmarked by
January 23, 2015 and mailed to:*
North Dakota Department of Agriculture
600 E Boulevard Ave., Dept 602
Bismarck, ND 58505

Do you raise specialty crops?

Yes ____ No ____ I do not know ____

For accounting purposes only; you do not need to raise specialty crops to attend. All individuals who are involved in or have an interest in local foods are encouraged to attend.

Pre-Conference Veggie Compass Workshop
Space limited to the first 15 people that register

FREE x ____ persons = FREE

Friday & Saturday \$55 x ____ persons = ____

Friday Only \$35 x ____ persons = ____

Saturday morning food coop member rate

\$25 x ____ persons = ____

Saturday Only \$35 x ____ persons = ____

Enclosed is my check for \$_____ ck # _____

Cash or checks only; payable to NDDA .

Questions, call 701-328-2659, or jgood@nd.gov

Meals are included in the registration fees, please indicate number attending:

Friday Lunch:	# _____	Special dietary considerations:
Friday Dinner:	# _____	Vegetarian # _____
Saturday Breakfast:	# _____	Gluten Free # _____
Saturday Lunch:	# _____	Other, please list below: