

Tides of Change in Rural America

Thursday, February 23, 2012

9:30 a.m. - 4:15 p.m.
DoubleTree Park Place
Minneapolis, Minnesota

PRESENTED BY



IN CONJUNCTION WITH



Registration

Co-op Name _____

Address _____

City _____ State _____ Zip _____

Co-op Contact Person _____

Phone Number _____ E-mail Address _____

Participant Name, Title and E-mail:

1. _____

2. _____

3. _____

4. _____

Special lunch requests: Vegetarian _____ Other _____

Final registration deadline including payment is due February 15, 2012.

Cooperative Network Member Registration Fees _____ x \$185 = \$ _____

Non-Member Registration Fees _____ x \$260 = \$ _____

TOTAL DUE \$ _____

Please enclose payment by check made payable to Cooperative Network and mail to:

Cooperative Network

1 S. Pinckney St., Ste. 810
Madison, WI 53703

Phone: (608) 258-4400
Fax: (608) 258-4407

Agenda subject to change. Full updated program information and registration forms are available at www.cooperativenetwork.coop.

Please feel free to make copies of this registration form.