

REGISTRATION FORM

April 27 – May 1, 2026: Cool Season Grass Workshop

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Fee: \$400.00

Lunch is included.

Let us know about any food allergies or sensitivities, or special dining considerations. _____

Attendee Name: _____

Email Address: _____

Phone Number: _____

Attendee Name: _____

Email Address: _____

Phone Number: _____

Attendee Name: _____

Email Address: _____

Phone Number: _____

Total Attendees:

	# of attendees	Subtotal
	_____	\$ _____
Members	_____	\$ _____
		\$ _____

TOTAL REGISTRATION FEES DUE: \$ _____

Payment:

- Check to: Oregon Seed Association enclosed or will follow promptly
- Credit Card # _____ CVC #: _____ Exp.: _____
- Name on Card: _____ Billing Zip Code: _____
-

Return the registration form with a check to:

Oregon Seed Association
PO Box 262
Tangent, OR 97389

or

Email for invoicing, which allows online and credit card payments to:

info@oregonseed.org

Questions?

Brenda Landis
Executive Director
458-285-8550
info@oregonseed.org