



# REGISTRATION

Name \_\_\_\_\_  
Affiliation \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

NE-183 Apple Variety Evaluation Meeting November 2-3, 2001	\$65.00	_____
NC-140 Fruit Tree Rootstock Evaluation Meeting November 5-7, 2001	\$65.00	_____
	Total	_____

Payment Options:

Check (make payable to UC Regents and mail)

VISA or MasterCard (circle one, complete information, fax or mail)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Please print form, complete and mail or fax to:

JoAnn Coviello, UC Kearney Agricultural Center  
9240 S. Riverbend Avenue, Parlier, CA 93648

FAX: 559-646-6593

**Make checks payable to UC Regents**