WORLD BROWN SWISS CONFERENCE 2022

REGISTRATION FORM			☐ Check here if first time attendee ☐ Check here if you are a sponsor/exhibitor						
First Name			Last Name			C	Calling Name on Badge		
Accompanying Guest Name (List only if reg	stering)	Address			City	St	ate/Province	Zip/Postal Code	
Company						Ti	tle		
Address		City			State/Province	Zi	p/Postal Code	Country	
Phone		Email Add	ress (confirmation	ons sent by email))				
LANGUAGE: ENG	FR 🗆 GER	□ITA	□ ESP	□ Other					
REGISTRATION FEES Ea be received after this date. (All	rly registration registrations n	discount	t ends on J repaid to b	une 15, 2022 e <i>proc</i> essed	Registration close	es Augus	st 15, 2022 and	will <u>not</u>	
ATTENDEE REGISTRATI	ON								
			Early (by	Jun 15)	Final (Jun 16-	Aug 15)	Amour	nt	
Full Registration Limited Registration (Does not include Farm Tours)			\$650 \$600		\$750		\$		
		\$600		\$700		Ф			
US Breeder Registration (Includes			\$225		\$325		\$		
US Breeder Limited Registration (Does not include Farm Tour.			\$175		\$275		\$		
Farm Tours ONLY (Saturday & Sunday)			\$100		\$200		\$		
A COOMPANYING OUES		TION							
ACCOMPANYING GUES	REGISTRA	HON	0.450		^ -		•		
Full Registration			\$450		\$550		\$		
Limited Registration (Does not include Farm Tours or 0)	Conforance Sessions		\$350		\$450		\$		
(Does not include I aim Tours or t	Joinerence Sessions)								
ACCOMPANYING CHEC	TOUR								
ACCOMPANYING GUES			#440		040 5		Φ.		
Experience Madison Tour on October 3 rd (add-on to conference registration)			\$110		\$135		\$		
(add-on to comercinee registration	,								
Check Box if you will be driv	ing separately to	the Farm	Tours and W	DE and <u>NOT</u> ri	ding the bus.	-	OTAL \$		
DIETARY RESTRICTIONS	•						OTAL \$		
DIETARY RESTRICTIONS Attendee		iate box) anying G	tuoet						
□ Dairy-Free	□ Dairy-Fre		uest						
□ Gluten-Free	□ Gluten-F				Disclaimer: English is the Any discrepancies or diff.				
□ Kosher	□ Kosher	100			have no legal effect for o	compliance o	or enforcement purpos	ses. If any questions	
□ Vegan/Vegetarian	□ Vegan/V	egetarian			arise related to the accu				
□ Other □ □ Other				website, refer to the English version of the form which is the official version.					
PLEASE CHECK BOX IF									
□ You have special needs. Desc	ribe any special	needs on	the line belo	ow. (Attach a	separate sheet if ne	cessary.)			
·				,	•	• /			
PAYMENT INFORMATION	N FEES MUST	BE PAID	IN FULL AT	TIME OF RE	EGISTRATION (pay	ment by	credit card is p	referred)	
☐ Charge my credit card for: \$									
_ :,									
Credit Card Number □ Discover □ Mast	ercard 🗍 Visa				Expiration Date (mm/vv)	Security Code	Zip Code/Country	
Crodit Card Humber & Bissever	oroara 🗀 vioa				Expiration Date (, , ,	occurry code	Zip Gode/Godinity	
Name on Card					Signature			-	
☐ Check (payable to Brown Swis				+ \$40	0.00* = \$	(Payment	must be made in U.S	. dollars and drawn on a U.S.	
*There is a \$40.00 fee if payin	g by check; include th	is amount in	the total.						
El Deals Tress of an If 1997	and a substitute of the substi	ا الماسم	السيسة		-fanana				
☐ Bank Transfer: If you will be p	aying by direct b	ank transi	er, please o	contact the co	merence registrar:				
Allicia Horn Brown Swiss Association									
Email: ahorn@brownswissusa									
Phone: (+1) 608-365-4474 ext	. 22								
Note: Written notice is required f	or all cancellatio	ns. Cance	ellations rec	eived on or be	efore August 30. 202	2 will rec	eive full refunds	minus a	
\$50 service charge. There will be									

Return your completed form via: Click SUBMIT in the upper right hand corner, or email directly to wbsconference@brownswissusa.com.

Make sure to save a copy of your form for your records.

Send checks to: Brown Swiss Association | 800 Pleasant Street | Beloit, Wisconsin, USA | 53511-5456

For registration questions, contact wbsconference@brownswissusa.com.