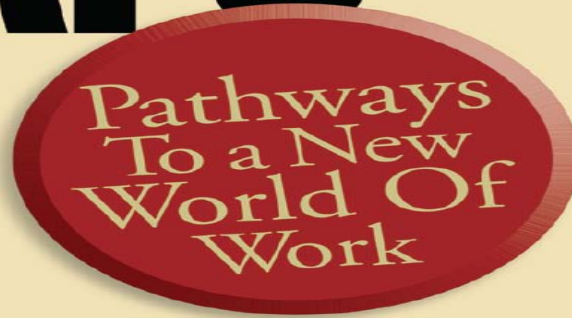


# MAFO

21st NATIONAL  
FARMWORKER CONFERENCE  
MARCH 21-24, 2010  
HYATT REGENCY  
ON THE RIVERWALK  
SAN ANTONIO, TEXAS



## REGISTRATION FORM

Early Bird: Postmarked no later than *February 28, 2010*: ..... \$280.00  
Regular: Postmarked between *March 1 – March 19, 2010*: ..... \$330.00  
On-site registration: *March 20 - 23, 2010*: ..... \$355.00

Special vegetarian meal:  Yes  No

- I am applying for a registration fee waiver scholarship because:
- I am currently a farmworker.
- I am a staff person of an organization that has a small budget (\$50,000 or less), and does not have sufficient funds for conference travel. *Please include a letter and a copy of your annual report.*

Please use one form per person. To register additional conference participants, make extra white photocopies. For more information, contact Lalo Zavala at **320-251-1711**; fax **320-203-8913**, via email at [heladio.zavala@umos.org](mailto:heladio.zavala@umos.org)

All cancellations must be made in writing. A refund will be made to anyone whose cancellation is postmarked on or before **March 5, 2010**. However, an administrative and processing fee of \$75.00 will be deducted from the refund. Cancellation postmarked after **March 5, 2010** or registration fees for no shows will not be refunded. However, registrations are transferable to other individuals, but must be accompanied by an authorizing letter.

**Make check payable to MAFO. Mail registration with payment to:  
MAFO, PO Box 7569, St. Cloud, MN 56302-7569**

Online registration and *credit card* payment options are also available by visiting the MAFO website at <http://www.mafofarmworker.com>

Please PRINT legibly and complete one form for each registrant. You may make copies of this form.

First Name: \_\_\_\_\_ Middle/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name (for name badge): \_\_\_\_\_ Title: \_\_\_\_\_

Employer/Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_