

47th TCRC REGISTRATION FORM

Please type or print

Name: _____
Title First Middle Last

Institution: _____

Address: _____
Street P.O. Box#

City State ZIP Code Country

Telephone: _____ FAX #: _____

Name of guest: _____

_____ Continental Breakfast on Tuesday _____ Breakfast on Wednesday
_____ Fall Foliage Tour on Tuesday _____ Craftsman Village Tour on Wednesday

Advance Registration Fee: (prior to September 1)	\$135.00	_____
Late Registration Fee: (after September 1)	\$150.00	_____
_____ Extra banquet tickets @ \$40.00		_____
Ground Transportation (round trip)	\$ 30.00	_____

TOTAL _____

Please complete this portion if you need transportation from and to the Knoxville Airport.

No. in Party: _____

DATE	TIME	CARRIER	FLIGHT #
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Arrival : _____

Departure: _____

Send this registration form, along with payment to the address noted below. Enclose a check or international money order payable in U.S. funds to the University of Tennessee - 47th TCRC.

Mail to: Dr. Phil P. Hunter
U. T. Tobacco Experiment Station
Route 5 Box 113
Greeneville, TN 37743

Telephone: (615) 638-6532
FAX: (615) 638-6458

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