

2008 Cornell Strategic Marketing Conference

October 27-29, 2008

The Villa Borghese, 70 Widmer Road, Wappingers Falls, NY

REGISTRATION FORM

Please use one registration form per person.

| | |
|---------------|--|
| Name: | |
| Title: | |
| Organization: | |
| Address: | |
| Phone: | |
| FAX: | |
| Email: | |

| REGISTRATION: | Amount |
|---|---------------|
| \$50 - Pre-Conference Advanced Marketing Workshop (10.27.08) | \$ |
| \$50 - CCE Educator Special Early Registration Fee (limited to current CCE county staff) – if registering on or before October 7, 2008 | \$ |
| \$75 - Regular Registration – if registering on or before October 17, 2008 | \$ |
| \$90 - if registering after October 17, 2008 or at the door | \$ |
| Optional: \$40 Evening Dinner on October 28, 6:00 pm at the Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY. Dinner menu will be: Appetizer: Arugula Salad with Toasted Walnuts and Pear Vinaigrette Second Course: Louisiana Chicken and Shrimp Gumbo, Main Course (CHOOSE ONE): ___ Pan-Seared Salmon with Edamame Soybeans, Shitake Mushrooms & Orange Soy Glaze ___ Grilled Marinated Chicken Breast with Savory Apple Chutney & Red Pepper Coulis Dessert (CHOOSE ONE): ___ Apple Crisp with Vanilla Gelato with Caramel Sauce ___ White Chocolate Cheesecake with Fresh fruit Salsa and Raspberry Coulis If you have dietary restrictions or allergies, substitutes can be made. Please list below: _____ _____ | \$ |
| Total registration fee | \$ |

PAYMENT (check one):

| | |
|--|--|
| <input type="checkbox"/> Cornell CCE Account | Please specify account number: _____ |
| <input type="checkbox"/> Check enclosed | Make checks payable to Cornell University |

Limited exhibit space is available. Let us know if you would like to bring material.

___ I will bring exhibit material. Please reserve a 3 x ___ ft. area of table space for my material.

Please mail or FAX the completed registration form, along with payment, to:

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