

# 118<sup>th</sup> Annual MEETING



Monday & Tuesday  
January 13 & 14, 2025

## REGISTRATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please use the following Registration Codes:**

- M** = Manager and/or Owner
- E** = Elevator/Feed Mill Employee
- D** = Cooperative Director
- S** = Spouse
- O** = Other

|                             |  | Registration Code | Attendee              | TOTAL |
|-----------------------------|--|-------------------|-----------------------|-------|
| <b>ATTENDEE INFORMATION</b> |  |                   | <b>\$150</b>          |       |
| 1.                          |  |                   |                       |       |
| 2.                          |  |                   |                       |       |
| 3.                          |  |                   |                       |       |
| 4.                          |  |                   |                       |       |
| 5.                          |  |                   |                       |       |
| 6.                          |  |                   |                       |       |
|                             |  |                   | <b>GRAND TOTAL \$</b> |       |

### HOTEL LODGING INFORMATION

**Hilton Garden Inn**  
20 Civic Center Plaza  
Mankato, MN 56001  
Phone: 507-344-1111  
[www.mankatodowntown.hgi.com](http://www.mankatodowntown.hgi.com)

**Hotel Rooms:**  
\$119 + taxes and fees/night  
Standard King or Queen rooms -  
\$141 + taxes & fees / night

**For Reservations:**  
Call the Hilton Garden Inn at 507-344-1111.  
Please reference the **Minnesota Grain & Feed Association** room block when making your reservations by December 23, 2024.

### PAYMENT OPTIONS

Check: Check #: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(Make payable to: Minnesota Grain & Feed Assn.)

Credit Card:  VISA  Master Card  AMEX  Discover

Card #: \_\_\_\_\_ CID #: \_\_\_\_\_

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

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP

**Please return this form along with payment to:**

Please send Invoice

**Minnesota Grain & Feed Assn.**  
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