

# BEEF GENETIC HORIZONS 2004

## REGISTRATION FORM

**ARMIDALE 16 - 17 JUNE**

**HAMILTON 24 - 25 JUNE**

**ROCKHAMPTON 26-27 AUGUST**

Name .....

Address .....

Town ..... P/C .....

Phone ..... Fax .....

Mobile: ..... Email: .....

**LIMITED PLACES AVAILABLE - PLEASE REGISTER IMMEDIATELY**

**I wish to register for the Beef Genetics Horizons Workshops in (please tick)**

- Armidale • 16 - 17 June, 2004       Hamilton • 24 - 25 June, 2004
- Expression of Interest - Rockhampton 26 - 27 August, 2004. Please send me a Rockhampton program when finalised.

**COST**

**A Tax Invoice will be forwarded upon receipt of payment**

Full Registration      \$330 (Inc GST) .....

Dinner First Evening (additional cost)      \$45 (Inc GST) .....

TOTAL COST .....

**ACCOMMODATION  
IS OWN RESPONSIBILITY**

**PAYMENT**

**Please return registration including payment to ANF Agritours**

- CHEQUE
- DIRECT DEPOSIT
- CREDIT CARD

I enclose a cheque for \$..... made payable to ANF Agritours.

Bank: National Australia Bank      BSB: 082 407  
 Branch: Armidale      A/C No: 560 291 248  
 Reference: Horizons 2004

- Visa       Mastercard       Bank Card

Card No     

Cardholders Name: ..... Expiry Date: .....

Signature: .....

**BACKGROUND INFORMATION** *Tick one or more*

1.  Seedstock Breeder       Finisher       Feedlotter       Agent  
 Commercial Breeder       Service Industry       Processor       Other .....
2. If part of the beef supply chain, what markets are you supplying?  
 Domestic       Feedlot - Domestic       Feedlot - Export  
 Live Trade       Grass Fed Export       EU
3.  Pure Breeding - if yes are you affiliated with a Breed Society? If yes please nominate .....  
 Crossbreeding       Composite Breeding
4. What do you hope to achieve by attending this workshop? .....

**FURTHER INFORMATION**



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