

REGISTRATION FORM

*** Registration deadline is **March 30, 2010** ***
Payment is due with registration

BRIESS MALT & BREW WORKSHOP

Tuesday, April 6, 2010

9:30 a.m. - 5 p.m. (Bus departs Sheraton Chicago Hotel & Towers at 6:30 a.m. and returns at 10:30 p.m.)
BRIESS MALT & INGREDIENTS CO., Chilton, Wisconsin USA | 920.849.7711

Complete both the Registration Form and Visitor Agreement and fax to 920.849.4277
(call to confirm your fax was received)
or mail to Briess Malt & Ingredients Co., PO Box 229, Chilton, WI 53014

PLEASE PRINT CLEARLY

First Name: _____ **Last Name:** _____

Tel/Mobile: _____ (number you can be reached for last minute reminders)

Email: _____

Registration Fee: (check one)

- \$50.00 Includes registration, meals and bus transportation from Sheraton Chicago Hotel & Towers
- \$25.00 Includes registration and meals (provide your own transportation)

TERMS OF REGISTRATION

Agreeing to the Terms of Registration indicates your acceptance of the following:

1. I have read, understand and agree to abide by all requirements outlined in the attached visitor agreement.
2. No recording device of any kind will be allowed inside Briess facilities.
3. Required dress for touring Briess facilities includes no shorts, tanks or other sleeveless shirts, open-toed shoes or jewelry; hair/beard restraints are required during the extract plant tour (provided). Durable, comfortable walking shoes are recommended for plant tours, which includes sanitizing foot baths.

I agree to abide by these terms.

Signature: _____ Date: _____

For additional information or questions, please contact Dana Backus at 920.849.1314 (dana.backus@briess.com) or Ann Heus at 920.849.1316 (ann.heus@briess.com).

Payment Information:

Check enclosed: Make check payable to Briess Industries, Inc. (U.S. funds only drawn on a U.S. bank)

Charge: VISA MasterCard Discover

Cardholder name as it appears on the credit card:

Billing address of credit card (street, city, state and zip):

Card No: _____

Expiration Date: ____ / ____ Security Code: ____ (last 3 digits on back of card)

Cardholder Signature (Required): _____

To make credit card payment via **phone** complete and fax this form and Visitor Agreement prior to calling Lisa Manz, Accounting Dept., at 920.849.1304. Payment cannot be processed until these forms are received.



NAME

TITLE

BREWERY

ADDRESS

CITY

STATE

ZIP

BRIESS MALT & BREW WORKSHOP

DATE(S) OF AND REASON FOR VISIT

VISITOR AGREEMENT

As a visiting guest at the offices and facilities of Briess Industries, Inc., I understand and agree that any information that I might acquire respecting the business, products, operations and techniques of specialty grain and processing while on the premises of its offices and facilities are to be kept confidential and are not to be used by me or disclosed to others for any purpose whatsoever without the prior written consent of Briess Industries, Inc.

It is further understood and agreed that no photography or videotaping is allowed within Briess Industries Inc. facilities. Recording devices, including but not limited to cameras, cameras in cell phones, video cameras etc., will be confiscated if found in use without our express written permission.

SIGNED _____

DATE _____