



2019 Washington D.C. Leadership Mission
Participant Application

Name (as appears on driver's license): _____

Date of Birth: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

NeCGA Local Association: _____ Jacket Size: _____

Email Address: _____ Membership Number: _____

Spouse's name (if accompanying): _____

Name needs to be as it appears on driver's license.

Spouse's DOB: _____ Spouse's Jacket Size: _____ Spouse's Cell Phone: _____

Spouses Email: _____

In case of Emergency:

Name/relation to you: _____ Cell Phone: _____

Please indicate any special requirements: _____

Are there any specific industry visits you would like to be a part of? _____

Why do you want to attend the 2019 DC Leadership Mission? _____

Comments/questions:

Please complete this form and return by Friday, December 21st, 2018

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