



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, January 11, 2019**

Nebraska Corn Growers Association  
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