

# ISA ON-FARM NETWORK®

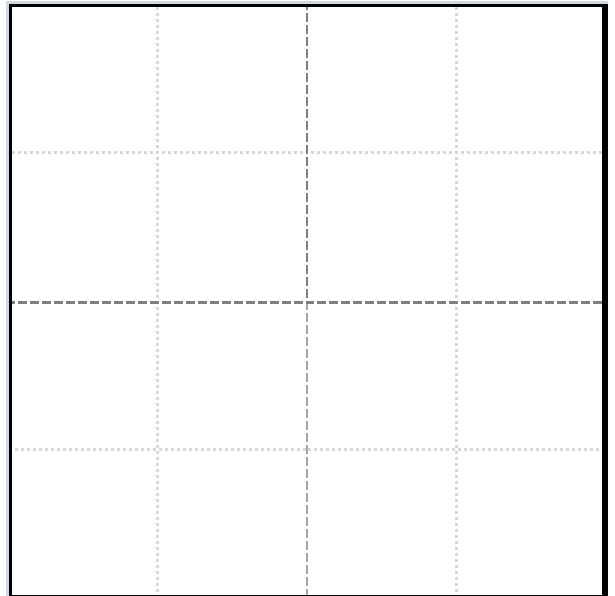
## 2009 REPLICATED STRIP TRIAL REGISTRATION FORM

Replicated strip trial form instructions:

- Complete this form for **each** replicated strip trial.
- If you have multiple trials in the same field, complete a separate form for each trial.
- Fill out the entire form – do not leave any items blank.

GROWER INFORMATION			
Grower Name:	Company Name:		
Street address:	City:	State:	Zip:
Home Ph:	Mobile Ph:	Email:	
TRIAL INFORMATION			
<b>See 2009 list of trial type &amp; detail</b>	Trial Type:	Trial Detail:	
Who is putting out the trial: <input type="checkbox"/> Self <input type="checkbox"/> Other (if other include individual or company name here)			
In some cases ISA will provide product. Please provide details on where to deliver: <input type="checkbox"/> Above grower address <input type="checkbox"/> Address listed here:			
FIELD INFORMATION			
Field Name:	Acres:	2009 Crop:	2008 Crop:
If this field is corn following corn, how many years has this field been continuous corn including 2009? _____			

FIELD LOCATION
County:
Township:
Section:
Quarter Section: <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/> NW
Landowner name as listed in the plat book:
Acres as listed in the plat book:
<p><b>Required:</b>  <b>Shade the area where your field is located in the 640 acre section on the right. Each square represents 40 acres. Please fill in all squares in which the field is located.</b></p> <p>In addition to above:            You can send an FSA or Plat map with the boundary clearly outlined using a black marker.</p> <p>We also accept field boundary files in shapefile format (.shp, .dbf, &amp; .shx) on a disk, CD, or email (email file to: <a href="mailto:PReeg@iasoybeans.com">PReeg@iasoybeans.com</a>).</p>



Grower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form to: Iowa Soybean Association, On-Farm Network, Attn: Richard, 4554 114th Street, Urbandale, IA 50322, email: [rporter@iasoybeans.com](mailto:rporter@iasoybeans.com), or Fax to 515-251-8657.

If you have any questions regarding this form or replicated strip trials please contact: Patrick Reeg at (515) 669-9184 [PReeg@iasoybeans.com](mailto:PReeg@iasoybeans.com) or Matt Sweeney at (515) 669-9157 [MSweeney@iasoybeans.com](mailto:MSweeney@iasoybeans.com).

**Save us a phone call by double checking this form to make sure all items have been filled in!**



**Office Use Only**

Grower ID: \_\_\_\_\_  
 Trial ID: ST2009 \_\_\_\_\_  
 Group: \_\_\_\_\_  
 Service Provider: \_\_\_\_\_

