

# ISA ON-FARM NETWORK™

## REPLICATED STRIP TRIAL REGISTRATION FORM

Complete this form for each field with a replicated strip trial.

GROWER INFORMATION					
First Name:	MI:	Last Name:	Farm Name:		
Street address:			City:	State:	ZIP:
Home Phone:	Mobile Phone:	Email:			

SERVICE PROVIDER INFORMATION					
Service providers are used to sample fields, scout fields, perform custom applications, upload yield data and provide additional services as required. If you have a preferred service provider please fill out this section.					
First Name:	MI:	Last Name:	Company Name:		
Street address:			City:	State:	ZIP:
Home Phone:	Mobile Phone:	Email:			

REPLICATED STRIP TRIAL INFORMATION				
Please select the replicated strip trial you will be participating in on the field listed below.				
<b>Nitrogen Trials</b>	<b>Fungicide Trials</b>	<b>Seed Treatment Trials</b>	<b>Tillage Trials</b>	<b>Additional Trials</b>
<input type="checkbox"/> Normal Rate – 50 <input type="checkbox"/> 75/125 <input type="checkbox"/> Manure + 50 <input type="checkbox"/> Fall vs. Spring <input type="checkbox"/> UAN vs. NH <sub>3</sub> <input type="checkbox"/> Ultimate N <input type="checkbox"/> Other N	<input type="checkbox"/> Headline® <input type="checkbox"/> Quadris® <input type="checkbox"/> Quilt™ <input type="checkbox"/> Stratego® <input type="checkbox"/> Laredo® <input type="checkbox"/> Other Fungicide	<input type="checkbox"/> Jumpstart® <input type="checkbox"/> Tag Team® <input type="checkbox"/> Apron® <input type="checkbox"/> Cruiser® <input type="checkbox"/> Poncho® <input type="checkbox"/> Other Seed Treatment	<input type="checkbox"/> Deep Ripping <input type="checkbox"/> Strip Till <input type="checkbox"/> No Till <input type="checkbox"/> Other Tillage	<input type="checkbox"/> Lime Trial <input type="checkbox"/> 1 <sup>st</sup> year corn rootworm trial <input type="checkbox"/> Foliar fertilization trial <input type="checkbox"/> Other
Please list any additional strip trial information here. If you checked other please describe in detail.				

FIELD INFORMATION		
Field Name:	County:	Township:
Section:	Quarter Section:	Acres:
Please include a hardcopy map of the field (such as an FSA map) with this form. Outline the field border with a black marker. A map is not required if you have your field boundary in electronic format (shp format preferred). Please send your field boundary on a disk or CD with this form or email the field boundary to: <a href="mailto:CBorton@iasoybeans.com">CBorton@iasoybeans.com</a> .		

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

Send this form and any attachments to:

Iowa Soybean Association  
 Attn: Christine Borton  
 4554 NW 114th Street  
 Urbandale, Iowa 50322-5410  
 Email: [CBorton@iasoybeans.com](mailto:CBorton@iasoybeans.com)

If you have any questions regarding replicated strip trials please contact:

Patrick Reeg  
 Office: (515) 251-8640  
 Mobile: (515) 669-9184  
 Email: [Preeg@iasoybeans.com](mailto:Preeg@iasoybeans.com)

Office use only

Unique ID	Field Border	Date entered into database
ST06	digitize sent by grower/service provider	

