





Registration Form

NAME:	
NAME FOR TAG:	PHONE:
AFFILIATION:	EMAIL:
ADDRESS:	
CITY, STATE, ZIP:	
Registration Fee: \$400.00	Total:
Make checks payable to:	You may also fax or email to:
TAMUK-KRIRM	361-593-5404
Mail check and registration form to:	krirm@tamuk.edu
700 University Blvd, MSC 137	Learn more at:
Kingsville, TX 78363	krirm.tamuk.edu/gis

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