

RURAL ENTREPRENEUR NETWORK

Education, Training, and Resources for New Rural Businesses



Shrimp Conference in Martinsville, IN Saturday, February 9, 2008

The Rural Entrepreneur Network (REN) and the Indiana Shrimp Farmers Alliance announce the Annual Shrimp Conference for Indiana Rural Landowners

Who Should Attend: Individual and family landowners in Indiana

The Conference will include:

- ✓ Presentation from experienced Shrimp Farmers
- ✓ A visit to a shrimp farm
- ✓ A panel discussion
- ✓ A professional video on the total spectrum of shrimp farming (including the pond, equipment, seasonality, growing season, feeding, harvesting, volume expectations, revenue expectations, estimated costs, and more)
- ✓ A shrimp farming workbook

Featured Speakers – Shrimp Farmers with “hands on” experience:

- Tim Connor – Shrimp Farmer and President, Indiana Shrimp Farmers Alliance
- Jerry Pellman – Shrimp and Tilapia Farmer and Board Member, U.S. Freshwater Prawn and Shrimp Growers Association

Schedule (conference will include light refreshments and lunch):

8:30 – 9:00 a.m.	Welcome at Pritchard Park
9:00 – 12:00 p.m.	Meeting at Pritchard Park
12:00 p.m.	Lunch at Pritchard Park
Early afternoon for about an hour	Reconvene at nearby Shrimp Farm

The workshop will end mid-afternoon. For further information contact the office (317-290-3250).

Location: Pritchard Park (across from IPL Plant), 4040 Bluebluff Road, Martinsville, IN 46151. Please call 317-290-3250 for directions.

Cost: The conference is \$15 per person if by February 1st. After February 1st, \$25.

How to Register: You can call, fax, or mail your registration to Hoosier Heartland RC&D Council. Registration is requested by seven days in advance of the workshop. Make checks payable to Hoosier Heartland RC&D Council, Inc.

2008 Shrimp Conference Registration

Name _____ Business _____

Address _____

City _____ State _____ Zip/Postal _____ - _____ Phone (_____) _____

Email _____ Number of Participant(s) = \$ _____ total

Payment Type: (circle one) **Check** **Visa** **MasterCard** **Purchase Order**

Cardholder name (as it appears on card): _____

Card number _____ Billing Address _____

Exp. date mm/yy ____/____ 3-digit security code ____ Signature _____ Date _____

Clip and mail with payment to the address below or if paying with a credit card, you may call in or fax your registration.

6041 Lakeside Boulevard, Indianapolis, IN 46278 ~ 317.290.3250 ~ 317.290.3150 FAX ~ www.hhrccd.org ~ e-mail: hhrccd@hhrccd.org