



**WILD**  
FOR  
*Agriculture*

## **SCFB WOMEN'S LEADERSHIP CONFERENCE**

**October 15 & 16, 2021  
Columbia, SC**

October 15: Football watch party  
& tailgate food at Embassy Suites (optional)

October 16: Women's Conference  
at Riverbanks Zoo

*KEYNOTE SPEAKER*

*Saturday, October 16*

*Courtenay DeHoff*

*"The Fancy Lady Cowgirl."*



"Courtenay DeHoff is a cowgirl turned television personality, keynote speaker and podcast host.

In 2016 DeHoff was named a top 10 finalist in the "LIVE! with Kelly" guest co-host search with Kelly Ripa! In 2020, DeHoff launched the global brand movement Fancy Lady Cowgirl™ after struggling to fit the traditional cowgirl mold.

When she isn't busy working DeHoff loves to travel the world (18 countries and counting) and hang with her world champion bucking bull, Top Dollar. DeHoff is also a former collegiate and professional rodeo athlete."

**Deadline to Register is September 17**

County \_\_\_\_\_

Option 1 - Saturday Only Registration

\$55 ea.

Option 2 - Conference Registration & Friday hotel stay (Shared room)

\$85 ea.

(Fill in Registrant #1 and Registrant #2 below)

Option 3 - Conference Registration & Friday Hotel stay (Private room)

\$135 ea.

**(USE ADDITIONAL FORMS AS NECESSARY)**

**REGISTRANT #1** ☐ Option 1 ☐ Option 2 ☐ Option 3 \$ \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary requirements: ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

**REGISTRANT #2 OR ROOMMATE** ☐ Option 1 ☐ Option 2 ☐ Option 3 \$ \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary requirements: ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

**REGISTRANT #3** ☐ Option 1 ☐ Option 2 ☐ Option 3 \$ \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary requirements: ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

**REGISTRANT #4 OR ROOMMATE** ☐ Option 1 ☐ Option 2 ☐ Option 3 \$ \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary requirements: ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

**GRAND TOTAL \$ \_\_\_\_\_**

Please indicate method of payment:

☐ Check ☐ Credit Card (You will receive an invoice that contains a link to pay by credit card)

Please complete this form and mail, email, or fax to:

SC Farm Bureau, Att: Melanie Moulder

PO Box 754, Columbia, SC 29202

Email: mmoulder@scfb.org • Fax: 803-936-4452

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