WALLA WALLA SWEET ONION MARKETING COMMITTEE

P.O. Box 644, Walla Walla, WA 99362 Phone (509) 525-1031 / Fax (509) 522-2038

HANDLER REGISTRATION FORM

If you plan to HANDLE Walla Walla Sweet Onions grown in the designated production area of Southeast Washington and Northeast Oregon during the 20 season, you are REQUIRED to submit the following information to the Walla Walla Sweet Onion Marketing Committee (Committee) prior to May 31, 20 The terms "production area," "Walla Walla Sweet Onions," and "handle," are defined in Marketing Order No. 956 (7 C.F.R 956). Copies are available at the Committee office.			
COMPANY NAME:			
CONTACT NAME:			
	Date		
MAILING ADDRESS:			
PHYSICAL ADDRESS:			
		CELL:	
LIST OF BRAND NAMES O	R LABELS:		
WILL YOU BE INDIVIDUA	LLY LABELING YOUR PI	RODUCT?	
		ure the Walla Walla Sweet Onions you ipated acreage from each producer. Use e	extra
Producer	Fall Plant	Spring Plant	
Producer		Spring Plant	
Producer	Fall Plant	Spring Plant	
Producer	Fall Plant	Spring Plant	
Producer		Spring Plant	
Producer	Fall Plant	Spring Plant	
Producer			
Producer		Spring Plant	
Producer		Spring Plant	
Producer			

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Form 2 (Rev. 01/2014) Destroy previous editions.