2021 ENTRY FORM

Maryland SOYBEAN VARIETY TEST

Please submit the entry form below by email to [nfiorell@umd.edu](mailto:nfiorell@umd.edu) by February 26, 2021.

An invoice will be prepared and emailed back to you with instructions for payment through UMD Financial Services. This is the preferred method for payment as of 2020.

Under separate cover send **10 pounds** for each entry **no later than March 12, 2021** to:

|  |
| --- |
| Soybean Variety Testing Program |
| ATTN: Louis Thorne |
| University of Maryland |
| 102 Research Greenhouse |
| 4252 Terrapin Trail |
| College Park, MD 20742 |

2021 ENTRY FORM

Maryland SOYBEAN VARIETY TEST

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | | | |
| Address: |  | | | | | | |
|  |  | | | | | | |
| Variety Testing Contact Person: |  | | | | | | |
| Phone No. |  |  | Email: |  |  | Fax No. |  |
|  |  |  |  |  |  |  |  |
| Local Rep: |  | | | | | | |
| Phone No. |  |  | Email: |  |  | Fax No. |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Brand | **Variety** | **Maturity Group or Relative Maturity** | **Resistance to Cyst Nematode? (yes or no)** | **\*\*Gene responsible for resistance** | **Seed Treatment** | **Herbicide Traits** | **Fee**  **(see below)** |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |  |

Third page of this document contains additional sheet for entries.

|  |  |  |
| --- | --- | --- |
| **Sub Total** | **=** | **$** |
| **Total from page 3** | **=** | **$** |
| **Less Discount** | **=** | **$** |
| **Total** | **=** | **$** |

Entry Fee: **$650 per entry for Maturity Group III and IV** and **$600 per entry for Maturity Group V**, as these will only be planted at Eastern Shore locations. The discounts are 5% for 6 – 10 entries and 10% if the entry total is 11 or more.

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| Address: |  | | | | | | |
|  |  | | | | | | |
| Variety Testing Contact Person: |  | | | | | | |
| Phone No. |  |  | Email: |  |  | Fax No. |  |
|  |  |  |  |  |  |  |  |
| Local Rep: |  | | | | | | |
| Phone No. |  |  | Email: |  |  | Fax No. |  |

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| Brand | **Variety** | **Maturity Group or Relative Maturity** | **Resistance to Cyst Nematode? (yes or no)** | **\*\*Gene responsible for resistance** | **Seed Treatment** | **Herbicide Traits** | **Fee**  **(see below)** |
| **11.** |  |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |  |
| **14.** |  |  |  |  |  |  |  |
| **15.** |  |  |  |  |  |  |  |
| **16.** |  |  |  |  |  |  |  |
| **17.** |  |  |  |  |  |  |  |
| **18.** |  |  |  |  |  |  |  |
| **19.** |  |  |  |  |  |  |  |
| **20.** |  |  |  |  |  |  |  |
| **21.** |  |  |  |  |  |  |  |
| **22.** |  |  |  |  |  |  |  |
| **23.** |  |  |  |  |  |  |  |
| **24.** |  |  |  |  |  |  |  |
| **25.** |  |  |  |  |  |  |  |
| **26.** |  |  |  |  |  |  |  |

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| **Total from this page** | **=** | **$** |