

# Southwest Seed Research Wheat

# Plot Request Form

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7812 S. Halstead

Hutchinson, KS 67501

# Contact INFORMATION

|  |  |
| --- | --- |
| **Principal Contact** | **Secondary Contact** |
| **Company:** |  | **Company:** |  |
| **Name:** |  | **Name:** |  |
| **Email address:** |  | **Email address:** |  |
| **Office Phone:** |  | **Office Phone** |  |
| **Mobile Phone:** |  | **Mobile Phone:** |  |
| Please indicate to whom data file(plant map and harvest data) should be sent to: |  |

# General trial INFORMATION

 Test 1

|  |  |
| --- | --- |
| **Trial Name:**  |  |
| **Number of Entries:** |  |
| **Number of Reps:** |  |
| **Plot Length:** | Choose an item. |
| **Crop Destruct:** | Choose an item. |
| WHEAT - Select all desired testing locations. |
| [ ]  Abilene, KS-Dry | [ ]  Colby, KS-Dry & Irr |
| [ ]  Enid, OK-Dry | [ ]  Garden City, KS-Irr |
| [ ]  Hutchinson, KS-Dry | [ ]  Imperial, NE-Irr |
| [ ]  Manter, KS-Dry | [ ]  Newton, KS-Dry |
| [ ]  Osborne, KS-Dry | [ ]  Palmer, KS-Dry |

 Test 2

|  |  |
| --- | --- |
| **Trial Name:**  |  |
| **Number of Entries:** |  |
| **Number of Reps:** |  |
| **Plot Length:** | Choose an item. |
| **Crop Destruct:** | Choose an item. |
| WHEAT - Select all desired testing locations. |
| [ ]  Abilene, KS-Dry | [ ]  Colby, KS-Dry & Irr |
| [ ]  Enid, OK-Dry | [ ]  Garden City, KS-Irr |
| [ ]  Hutchinson, KS-Dry | [ ]  Imperial, NE-Irr |
| [ ]  Manter, KS-Dry | [ ]  Newton, KS-Dry |
| [ ]  Osborne, KS-Dry | [ ]  Palmer, KS-Dry |

 Test 3

|  |  |
| --- | --- |
| **Trial Name:**  |  |
| **Number of Entries:** |  |
| **Number of Reps:** |  |
| **Plot Length:** | Choose an item. |
| **Crop Destruct:** | Choose an item. |
| WHEAT - Select all desired testing locations. |
| [ ]  Abilene, KS-Dry | [ ]  Colby, KS-Dry & Irr |
| [ ]  Enid, OK-Dry | [ ]  Garden City, KS-Irr |
| [ ]  Hutchinson, KS-Dry | [ ]  Imperial, NE-Irr |
| [ ]  Manter, KS-Dry | [ ]  Newton, KS-Dry |
| [ ]  Osborne, KS-Dry | [ ]  Palmer, KS-Dry |

# Accounting INFORMATION

|  |
| --- |
| **Department Accounting Contact** |
| **Name:**  |  |
| **Phone:** |  |
| **Email address:** |  |
| **Special Instructions for** **Invoice Submittal:** |  |
|  |  |
|  |  |
|  |  |

Please submit form to:

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620-727-4432

tina@swseedresearch.com