

# Southwest Seed Research Wheat

# Plot Request Form

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Web site http://www.swseedresearch.com

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:

Tina Hartung

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Hutchinson, KS 67501

620-727-4432

tina@swseedresearch.com