

Pennsylvania Dairy Summit Registration

This form may be photocopied to add more names. Please print or type.
Make a copy of this form for your records. Confirmations are only sent by email.

Dairy Producer Information (Discounted)

Farm Name

County Employer ID (if available)

Mailing Address

City State Zip Code

Daytime Phone Daytime Fax

First Person and Email

Second Person and Email

Third Person and Email

Producer Registration to Attend the Full Summit:

___ First Person at \$75 = \$ _____
___ Additional people at \$50 per person = \$ _____

Producer Registration to Attend One Day Only:

Wednesday Only

___ People at \$25 = \$ _____

Thursday Only

___ People at \$25 = \$ _____

Total payment due for registration \$ _____

___ I want to add a charitable contribution to the Dairy Excellence Foundation of Pennsylvania to benefit dairy youth education. \$ _____

___ Please pair me with an attending Student Scholar to mentor/visit with throughout the conference.

All Others (Non-Producers)

Contact Person's Name

Email

Business/Organization Name

Mailing Address

City State Zip Code

Daytime Phone Daytime Fax

Second Person and Email

Third Person and Email

Registration to Attend the Full Summit:

___ First Person at \$225 = \$ _____
___ Additional people at \$175 per person = \$ _____

Registration to Attend One Day Only:

Wednesday Only

___ First Person at \$150 = \$ _____
___ Additional People at \$125 = \$ _____

Thursday Only

___ First Person at \$150 = \$ _____
___ Additional People at \$125 = \$ _____

Total payment due for registration \$ _____

___ I want to add a charitable contribution to the Dairy Excellence Foundation of Pennsylvania to benefit dairy youth education. \$ _____

Total Amount of Payment \$ _____
(PDMP's Federal ID #: 23-3066186)

To MAIL payment:

Send completed registration form with check or money order payable to PDMP Dairy Summit:

Dairy Summit
174 Crestview Drive
Bellefonte, PA 16823

Toll Free: 877-326-5993 Email: info@padairysummit.org

Refunds will only be given if cancellation is received by January 30, 2017.

Or FAX registration form with credit card payment information to:

Summit Registration Office Fax: 814-355-2452

Credit Card Payment:

___ Visa ___ Master Card ___ AMX ___ Discover

Name on card (print)

Account Number Exp. Date

Signature

Please help us to plan accurate seating and meal counts!

How many people registered on this form will eat the meals included in their registration?

Wednesday, Feb 8

___ people for Lunch
___ people for Dinner
___ Yes, I have dietary needs/special needs (ADA).
Please contact me.

Thursday, Feb 9

___ people for Breakfast
___ people for Lunch