



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/Township _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____

First Person and Email _____

Second Person and Email _____

Third Person and Email _____

Producer Registration to Attend the Full Summit:

___ First Person at ~~\$225~~ \$75 = \$ _____

___ Additional people at \$50 per person = \$ _____

Producer Registration to Attend One Day Only:

Wednesday Only

___ People at ~~\$150~~ \$25 = \$ _____

Thursday Only

___ People at ~~\$150~~ \$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 _____

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 Friday, January 24.

Or FAX registration form with credit card payment information to:

Summit Registration Office Fax: 814-355-2452

Credit Card Payment: ___ Visa ___ Master Card ___ AMX

Name on card (print) _____

Account Number _____ / _____ / _____ Exp. Date 3-4 Digit Sec. Code

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. 5

___ people for Lunch

___ Yes, I have dietary needs/
special needs (ADA)

Please contact me.

Thursday, Feb 6

___ people for Breakfast

___ people for Lunch