

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 Infomation (Discounted)

\_\_\_\_\_  
Farm Name

\_\_\_\_\_  
County

\_\_\_\_\_  
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 \$75 = \$ \_\_\_\_\_

\_\_\_ Additional people at \$50 per person = \$ \_\_\_\_\_

#### Producer Registration to Attend One Day Only:

##### Tuesday Only

\_\_\_ People at \$25 = \$ \_\_\_\_\_

##### Wednesday 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

\_\_\_\_\_  
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:

##### Tuesday Only

\_\_\_ First Person at \$150 = \$ \_\_\_\_\_

\_\_\_ Additional People at \$125= \$ \_\_\_\_\_

##### Wednesday 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](mailto:info@padairysummit.org)  
Refunds will only be given if cancellation is received by Friday, January 25.

**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?

#### Tuesday, Feb. 5

\_\_\_ people for Lunch

\_\_\_ Yes, I have dietary needs/  
special needs (ADA) Please contact me.

#### Wednesday, Feb 6

\_\_\_ people for Breakfast

\_\_\_ people for Lunch