

Exhibitor Meal Registration (November 10 & 11) 2015 Washington State Dairy Industry Annual Meeting



No meals available for purchase on site. Please check off meals needed.

Primary Exhibitor Name Badge:	Day	Breakfast	Lunch	Dinner	Total
Please print name clearly	Tuesday	on own	<input type="checkbox"/> Comp'd	<input type="checkbox"/> \$35	
<input type="checkbox"/> No Comp. Lunch <input type="checkbox"/> No Meals needed	Wednesday	<input type="checkbox"/> \$20	<input type="checkbox"/> Comp'd	<input type="checkbox"/> \$35	

2nd Exhibitor Name Badge:	Day	Breakfast	Lunch	Dinner	Total
Please print name clearly	Tuesday	on own	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	
<input type="checkbox"/> No Meals needed	Wednesday	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	

3rd Exhibitor Name Badge:	Day	Breakfast	Lunch	Dinner	Total
Please print name clearly	Tuesday	on own	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	
<input type="checkbox"/> No Meals needed	Wednesday	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	

4th Exhibitor Name Badge:	Day	Breakfast	Lunch	Dinner	Total
Please print name clearly	Tuesday	on own	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	
<input type="checkbox"/> No Meals needed	Wednesday	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35	

Meals Total: \$ _____

If received after October 23rd, \$35 per attendee Registration Fee (\$35 x ____): \$ _____

Grand Total: \$ _____

Company: _____

Contact _____ Phone _____ Email _____

Mailing Address _____ City _____ State _____ ZIP _____

Make check payable to & send this form to:

Washington State Dairy Products Commission
4201 198th Street SW, #101
Lynnwood, WA 98036
Phone: 425.672.0687; Fax 425.672.0674
Vala@HaveMilk.com

PAYMENT OPTIONS:

Check to WSPDC

Visa or MasterCard

Card # _____ Exp. Date: _____ CVV# _____

Name on Card: _____

Billing Address of Card (if not the same): _____

Signature: _____