

Exhibitor Registration — 2015 Washington State Dairy Industry Annual Meeting

November 10 –11, 2015 with November 9th Pre-Conference & Exhibitor Set Up
Wenatchee Convention Center, Wenatchee WA



Exhibitor: \$450.00

- ~One (1) Annual Meeting Registration and Two (2) Complimentary lunches.
- ~Recognition in annual meeting promotional materials & during meeting.
- ~ Exhibitor Table in Exhibit area & a listing in program literature.
- ~Exhibitor Appreciation Gift
- ~Complimentary 2016 WSDF Associate Membership (a \$125 value) which includes a linkable listing on the WSDF website to your website.
- ~Register by September 10th to be listed in promotional to our producers.

Premium Exhibitor: \$600.00

Upgrade your booth location to the Grand Ballroom floor. Space is very limited; if it is not available for you, WSDF will be refunded the difference (\$150.)

Company _____

Primary Contact _____ Phone _____ Email _____

Mailing Address _____ City _____ State _____ ZIP _____

Primary Exhibitor Name _____

Primary Exhibitor Phone # _____ Email _____

Additional Attendees: 1. _____

2. _____

3. _____

Please indicate your display needs: I do not intend to exhibit.

Power Supply Space for a stand alone display (size: _____) Large Equipment for outside display Other (attach)

Every effort will be made to accommodate. If you have any questions or need more information please contact the Trade Show Manager at the WSDF office at: 360-482-3485 or email Darcel.WSDF@gmail.com. Thank you.

Remember to: Complete the Exhibitor Meal registration form for all attendees and send to the WA State Dairy Products Commission before October 23rd; please note that meal tickets will **NOT** be available on-site to purchase.

Make check payable to & send this form along with the "Hold Harmless" to:

Washington State Dairy Federation
PO BOX 1768, Elma, WA 98541
Phone: 360.482.3485 Fax: 360.482.4069
Email: Darcel.WSDF@gmail.com

PAYMENT OPTIONS:

Check to WSDF Visa or MasterCard

Card # _____ Exp. Date: _____ CVV# _____

Name on Card: _____

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

Signature: _____