

Attendee Name: _____

Address, City, State, Zip _____

Phone: _____

Email: _____

Other Contact: _____ Email/Phone _____

Dairy Annual Meeting, Trade Show & Scholarship Auction

Dairy Safety Conference



Nov 7-8, 2016 - Ellensburg, WA

EARLY REGISTRATION DEADLINE OCTOBER 20, 2016

To register online, visit WaStateDairy.com

Producer Registration:

Producer, Grade A # _____ (Registration & meals compliments of WA State Dairy Products Commission)

Farm Name _____

Regular Attendee Registration:

Non-Producer Attendee (Registration & meals, is \$150 per person or \$100 for early registration by October 20th)

Sponsor Registration: *(fill out one registration form for each person attending)*

Company Name: _____

Registration must be turned in & paid prior to September 10th for Sponsor to be included in event promotional.

- | | | |
|--|--|----------|
| <input type="checkbox"/> Bronze | registration & meals for 1 person complimentary | \$ 500 |
| <input type="checkbox"/> Silver | registrations & meals for 2 people complimentary | \$ 1,000 |
| <input type="checkbox"/> Gold | registrations & meals for 3 people complimentary | \$ 3,000 |
| <input type="checkbox"/> Platinum | registrations & meals for 5 people complimentary | \$ 7,500 |
| <input type="checkbox"/> Non-comp'd Sponsor — Registration is \$150 per person or \$100 early registration prior to October 20th | | |
| Name(s) _____ | | |

Meal Registration for Attendees & Sponsors: *(for planning purposes)*

Please Check Meals You Will Attend : Lunch, Nov 7 Dinner, Nov 7 Breakfast, Nov 8 Lunch, Nov 8

SHIP

Grant Program

Safety and Health Investment Projects
SafetyGrants.Lni.wa.gov

Funding and support provided by the Department of Labor & Industries



| | |
|--------------------|-----------------|
| Registration Fees: | \$ _____ |
| Sponsorship Fees | \$ _____ |
| TOTAL | \$ _____ |

| | |
|---|---|
| Sent Registration/Payment to: WA State Dairy Federation P O Box 1768, Elma, WA 98541 Fax: 360.482.4069 Scan: Darcel@WaStateDairy.com | Credit Card: Visa or Master Charge Exp. Date _____ Card #: _____ CVV# _____ Name on Card: _____ Billing Address <i>(if different)</i> _____ Signature: _____ |
|---|---|