

# Washington State Dairy Conference, Annual Meeting & Trade Show

November 6-7, 2017 – Yakima Convention Center

*EARLY REGISTRATION DEADLINE OCTOBER 20, 2016  
To register online, visit [waStatedairy.com](http://waStatedairy.com) for conference link.*

## CONFERENCE REGISTRATION FORM

Primary Attendee:	
Company or Farm Name:	Producer Grade A permit #:
Address, City, State, Zip:	
Phone:	Email:
2nd Attendee & Email:	
3rd Attendee & Email:	
4th Attendee & Email:	
5th Attendee & Email:	

*The names & company/farm information above will be used to create name tags.  
Please use a 2nd registration form for additional people.*

Please complete information below for all names above.

Producer meals <i>compliments of the Dairy Farmers of Washington</i>	# of people _____	.00
Sponsors meals included in Sponsorship Level Package <i>(see sponsorship registration)</i>	# of people _____	.00
Sponsor meals <b>not</b> included in Sponsor Level Package per person: \$150 before Oct 20 (\$180 after)	# of people _____	\$ _____
Other attendee meals per person: \$150 before Oct 20 (\$180 after)	# of people _____	\$ _____
<b>TOTAL REGISTRATION</b>		<b>\$ _____</b>

The # of above attendees to attend meals: Nov 6 Lunch \_\_\_\_\_ Nov 6 Dinner \_\_\_\_\_ Nov 7 Lunch \_\_\_\_\_ Nov 7 Dinner \_\_\_\_\_  
 The # having dietary needs: gluten free \_\_\_\_\_ other: \_\_\_\_\_

Payment by Check # _____ <b>Send Registration/Payment to:</b> <b>WA State Dairy Federation</b> <b>P O Box 1768, Elma, WA 98541</b> <b>Fax: 360.482.4069</b> <b>Scan: Darcel@WaStateDairy.com</b>	Credit Card: Visa or Master Charge for \$ _____ Exp. Date _____ Card #: _____ CVV# _____ Name on Card: _____ Billing Address <i>(if different)</i> _____ Signature: _____
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QUESTIONS? Contact Darcel. Office: 360.482.3485; Cell: 360.580.4116; Email: [Darcel@WaStateDairy.com](mailto:Darcel@WaStateDairy.com)