

# Washington State Dairy Conference, Annual Meeting & Trade Show

December 2-4, 2024 – Pasco Red Lion, Pasco, WA

## PRODUCER & NON-SPONSOR REGISTRATION

**November 13-Hotel Conference Rate Cut-Off Date**

**November 13-Registration Deadline**

**You may also register online at [WaStateDairy.com](http://WaStateDairy.com)**

Dairy Conference




Red Lion Hotel, Pasco

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

*The names and company or 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 *compliments of the Dairy Farmers of Washington*  # of people \_\_\_\_ \$ 0.00  
Other attendee meals per person: \$190 # of people \_\_\_\_ \$ \_\_\_\_  
**TOTAL REGISTRATION** \$ \_\_\_\_

The number of above attendees to attend meals: **MUST FILL OUT**

**Dec 3:** Breakfast: # \_\_\_\_ Lunch: # \_\_\_\_ Dinner: # \_\_\_\_ **Dec 4:** Breakfast: # \_\_\_\_ Lunch: # \_\_\_\_

*For dietary restrictions, please circle **GF** for gluten-free or **V** for vegetarian for each attendee.*

Payment by Check # _____ Send Registration/Payment to: WA State Dairy Federation PO Box 1768, Elma, WA 98541 Online: <a href="http://wastatedairy.com">wastatedairy.com</a> Email: <a href="mailto:christine@wastatedairy.com">christine@wastatedairy.com</a>	Credit Card: Visa or Master Charge for \$ _____ Exp. Date _____ Card #: _____ CVV# _____ Name on Card: _____ Billing Address (if different) _____ Signature: _____
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**QUESTIONS? Contact Christine Office: 360.482.3485; Cell: 253.225.5440; Email: [Christine@WaStateDairy.com](mailto:Christine@WaStateDairy.com)**