



2011 ANNUAL MEETING REGISTRATION INFORMATION

Registration Information

Please type or print clearly — Complete one registration form per attendee

Last Name	First Name	Nickname for Badge
Registrant's Street Address		
City	State	Zip
Home Phone ()	Business Phone ()	
E-mail address	Spouse/Guest Name <i>(if attending meetings and meals)</i>	
Name of Cooperative, State & Regional Promotion Organization or Company (as it will appear on name badge)		
▶ <input type="checkbox"/> Please check here if you are a dairy producer		
▶ <input type="checkbox"/> Please check here if you require special meals or accommodations to fully participate. (Describe briefly)		

Affiliation Information

Please check your affiliation:

National Dairy Board	<input type="checkbox"/> Board Member			
National Milk Producer Federation/ Cooperatives Working Together	<input type="checkbox"/> NMPF/CWT Board Member	<input type="checkbox"/> Cooperative Representative	<input type="checkbox"/> Young Cooperator	<input type="checkbox"/> Associate Member
United Dairy Industry Association	<input type="checkbox"/> UDIA Board Member		<input type="checkbox"/> State & Regional Promotion Board Member or Representative	
<input type="checkbox"/> Sponsor	<input type="checkbox"/> Non-Member			

Early Registration Discount Fees

(Add \$150 per person to each registration postmarked after October 24 or on-site at the meeting)

	Registration Fee	Number of Registrants	Amount Due
Member of NDB, NMPF/CWT, UDIA (all dairy producers, associate members, national & local staffs)	\$790.00 ea		
Member Spouse/Guest (fee required only if attending meeting and meals)	\$445.00 ea		
Young Cooperator Couple	\$1100.00 ea		
Young Cooperator Single	\$735.00 ea		
Sponsor	\$790.00 ea		
Government Employees, Academia	\$790.00 ea		
Non-Member, Non-Member Spouse/Guest	\$1170.00 ea		
Late fee	\$150.00 ea		
Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		Total Amount	

Cardholder's Name _____

Account # _____ Exp. / _____

Cardholder's Signature _____

**Register online at www.dairyevents.com
or complete and mail this form to:**

Dairy Management Inc.
10255 W. Higgins Rd., Suite 900
Rosemont, IL 60018-5616
Phone: 847/803-2000
Fax: 847/803-0183

DO NOT WRITE IN THIS BOX — FOR OFFICE USE ONLY		
Check # _____	Check Amount \$ _____	Received _____
Member Code _____	Affiliation Number _____	