

# REGISTRATION INFORMATION



## EARLY REGISTRATION

By Jan. 1, 2019

### Corporate Members

\$350 - Full Conference

\$250 - One-Day Rate

### Corporate Non-Members

\$500 - Full Conference

\$350 - One-Day Rate

## REGISTRATION AFTER

By Jan. 1, 2019

### Corporate Members

\$400 - Full Conference

\$300 - One-Day Rate

### Corporate Non-Members

\$550 - Full Conference

\$400 - One-Day Rate

## YES, I WANT TO PARTICIPATE AS AN EXHIBITOR AND/OR SPONSOR FOR DAIRY STRONG!

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please list all attendees - include name and email addresses

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

### EXHIBITOR BOOTH:

(Includes one free conference registration)

\$1,500 Early-bird discount before November 1

\$1,700 After November 1

Total booth cost: \$ \_\_\_\_\_

### PAYMENT INFORMATION:

Check enclosed

(Make checks payable to the Dairy Business Association)

Please charge my credit card:

Visa  MasterCard  Discover  American Express

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp \_\_\_\_\_ CVV code \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE INVOICE ME (Check box if you prefer to be invoiced)

### SPONSORSHIP LEVEL:

(Please indicate what level and amount):

Yes, I will sponsor: \_\_\_\_\_

Amount of sponsorship: \$ \_\_\_\_\_

### EXTRA CONFERENCE REGISTRATIONS:

(Beyond free with exhibit booth and/or sponsorship)

\_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

### RETURN THIS FORM BY MAIL TO:

Dairy Business Association  
2763 Manitowoc Rd Ste B  
Green Bay, WI 54311

**TOTAL AMOUNT DUE = \$ \_\_\_\_\_**

For more information or questions please contact:

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