

2010 ANNUAL NORTHEAST DAIRY CONVENTION

Sept. 26 thru Sept. 28 at Toftrees Golf Resort & Conference Center, State College, PA

**** ATTENDEE REGISTRATION FORM ****

Use this form for: Convention Name Badge & Golf Tournament Registration
Golf Hole Sponsorship & Vendor Table Displays

Please print clearly all information as you would like it to appear on your name badge and copy for additional registrants from your company

First Name _____ Last Name _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Spouse/Guest Full Name _____

Check all that apply

Registration Fees: *Note there will be a \$50 late registration fee for all registrations postmarked after August 31st*

Refund Policy: Registration cancellations will be accepted until Sept 21, 2010 by verbal or written request.

- Dairy Foods or NDA Member Registration \$160.00 \$ _____
- Spouse Registration/Non-Company Guest \$ No charge \$ _____
- Non-Member Registration \$260.00 \$ _____
- Golf Tournament # of Players _____ X \$95.00 (per player includes lunch/ **list names on back**) \$ _____
- Golf Tournament Hole Sponsor \$ 85.00 (per hole) \$ _____
Name you want to appear on sign _____
- Speaker Session Table Display \$100.00 (per table) \$ _____
Name as you want to appear on sign _____

Tuesday Night Banquet Meal Selection: Please note if you do not have a room reservation for Tuesday evening (room rate includes meals) then you must pay for your banquet meal in order to be able to attend, price \$35 includes open bar.

- Self Mixed Grill (Shrimp/Chicken/Beef Medallions) Atlantic Salmon Grilled Steak with Caramelized Onions and Sauce
- Guest Mixed Grill (Shrimp/Chicken/Beef Medallions) Atlantic Salmon Grilled Steak with Caramelized Onions and Sauce
- I am not a guest at Toftrees on Tues., Sept. 28 and the meal charge will be \$35 per person \$ _____

Payment Total \$ _____

Hotel Reservations: Use separate enclosed form and FAX OR MAIL directly to Toftrees Resort

Payment: Payment must be enclosed with registration form. Checks should be made payable to *Northeast Dairy Foods Association*

- Check Visa MasterCard Discover American Express

Credit Card Number _____ Exp. Date _____

Name on Card _____ CVV Code _____

Credit Card Billing Address (if different from above) _____

Email/Mail/Fax by Aug. 31 To: Northeast Dairy Foods Association, Inc. 201 South Main Street #302, N. Syracuse, NY 13212

Phone: 315-452-6455 Fax: 315-452-1643 Email: info@nedairyfoods.org Website: www.nedairyfoods.org **DF/NDA Form**

For Additional Golf Tournament Player Names other than yourself, use reverse side of this sheet.

Use this side to add names of players of your team. You do not need a complete foursome, we'll supplement if necessary.

Tuesday September 28, 2010 Northeast Dairy Convention Golf Tournament Players:

Team 1

Name _____ I am paying for to be paid by self

Company _____ Handicap _____

Name _____ I am paying for to be paid by self

Company _____ Handicap _____

Name _____ I am paying for to be paid by self

Company _____ Handicap _____

Name _____ I am paying for to be paid by self

Company _____ Handicap _____

Team 2

Name _____ I am paying for to be paid by self

Company _____ Handicap _____

Name _____ I am paying for to be paid by self

Company _____ Handicap _____

Name _____ I am paying for to be paid by self

Company _____ Handicap _____

Name _____ I am paying for to be paid by self

Company _____ Handicap _____

Thank you!