



# ADDITIONAL MEAL REGISTRATION FOR SPONSORS AND EXHIBITORS

2010 Oregon Dairy Farmers  
Annual Convention  
*The Riverhouse, Bend, Oregon, March 1-3, 2010*

### Step 1. Contact Information

Your Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_ e-mail \_\_\_\_\_

### Step 2. Please indicate names of individuals and additional conference meals you wish to purchase.\* Please print names clearly in the boxes indicated to be used for name badges and check meals desired.

1st Participant (Print name clearly here)	Meal	Monday	Tuesday	Wednesday	Total
	Breakfast	<del>_____</del>	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00	\$
	Lunch	<del>_____</del>	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	\$
	Dinner	Included	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	\$
2nd Participant (Print name clearly here)	Meal	Monday	Tuesday	Wednesday	Total
	Breakfast	<del>_____</del>	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00	\$
	Lunch	<del>_____</del>	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	\$
	Dinner	Included	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	\$
3rd Participant (Print name clearly here)	Meal	Monday	Tuesday	Wednesday	Total
	Breakfast	<del>_____</del>	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00	\$
	Lunch	<del>_____</del>	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	\$
	Dinner	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	\$
4th Participant (Print name clearly here)	Meal	Monday	Tuesday	Wednesday	Total
	Breakfast	<del>_____</del>	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$20.00	\$
	Lunch	<del>_____</del>	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	\$
	Dinner	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00	\$
<b>Grand Total</b>					\$

\*Tickets purchased at the door will have an additional fee.

### Step 3. Please choose a payment method (check one):

- Check (payable to Oregon Dairy Products Commission)     Please Invoice  
 MasterCard     Visa     American Express

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Card #

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Expiration Date

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

ZIP Code of Cardholder

\_\_\_\_\_  
Signature of Authorized Buyer

Please return this form by **January 8, 2010** to:

**Oregon Dairy Center, 10505 SW Barbur Blvd, Portland, OR 97219 Fax: 503-245-7916**

We will make every effort to accommodate your specific needs. If you have any questions or would like more information, please contact Marilyn Adams at 503-229-5033, marilyn@oregondairycenter.org.