

Registration Form

Issues Forum - Wednesday, November 14, 2018

**For Registration Information Call Toll Free: 877-326-5993 or email: registration@pdmp.org
Please Register by November 7, 2018**

Registration for Members Producers & Associates

Farm or Business/Organization Name

Registrant's Name (give name as it should appear on name badge)

Mailing Address

City State Zip Code

Daytime Phone Daytime Fax

Email (Confirmations are only sent by email)

Web Address

Additional Registrant (give name as it should appear on name badge)

Additional Registrant (give name as it should appear on name badge)

Please photocopy this form if necessary to register additional people from the same farm, business or organization.

_____ People from a PDMP Member Farm at \$35 each = \$ _____

_____ People from a PDMP Member Business or Organization at \$35 each = \$ _____

Total Amount Paid: \$ _____

Registration for Non-Members

Farm or Business/Organization Name

Registrant's Name (give name as it should appear on name badge)

Mailing Address

City State Zip Code

Daytime Phone Daytime Fax

Email (Confirmations are only sent by email.)

Web Address

Additional Registrant (give name as it should appear on name badge)

Additional Registrant (give name as it should appear on name badge)

Please photocopy this form if necessary to register additional people from the same farm, business or organization.

_____ People from a PDMP Non-Member Farm at \$85 each = \$ _____

_____ People from a PDMP Non-Member Business or Organization at \$85 each = \$ _____

Total Amount Paid: \$ _____

METHOD OF PAYMENT

Send check with form or pay by credit card and fax your registration!

Refunds will only be made if cancellation is received by November 7, 2018.

_____ Please Email Me A Receipt for my Records

To **MAIL** payment, send completed registration form with check or money order payable to PDMP:

PDMP Registration Office
174 Crestview Dr., Bellefonte, PA 16823
Toll Free: 877-326-5993 • Email: registration@pdmp.org

or **FAX** the completed form with credit card info to:
Registration Office Fax: 814-355-2452

PDMP Federal ID #: 23-3066186

Credit Card Information: ___ Visa ___ Master Card ___ AMX

Name on card (print)

Account Number

Exp. Date Signature