

# Registration Form

Issues Forum - Thursday, November 2, 2017

**For Registration Information Call Toll Free: 877-326-5993 or email: registration@pdmp.org  
Please Note: Registration Due by October 30, 2017**

## 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 October 30, 2017.**

\_\_\_\_\_ 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

\_\_\_\_\_  
Name on card (print)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Exp. Date Signature