Conference registration fee includes all refreshment breaks and meals on day(s) selected and one copy of the conference proceedings. **All registration fees are per person. One person per registration form.**

**REGISTRANT INFORMATION:**

Name:_________________________________ Organization:________________________________________

Business Address:___________________________________________________________________________

City:_________________________ State/Prov.:________ Country:_________________ Zip Code:_________

Business Phone:_________________________ Cell:_______________________________________________

E-mail:_________________________ CC E-mail:_______________________________________________

The email address entered above should be the one used by the individual being registered. If you are completing this form on behalf of the registrant and would like to be copied on the confirmation email, enter your email address in the cc email field.

**Special dietary requirements:**________________________________________________________________

**PLEASE ANSWER ONE OF THE FOLLOWING:**

If you are a dairy producer:
Total number of cows (milking and dry):________ Total number of heifers raised:________________
How many members from your farm, including yourself, are attending this event?__________________

If you are an agriservice professional (nutritionist, sales, feed dealer, milk co-op, veterinarian, technical support, etc.):
Approximately how many of your clients or customers fit into these milking-herd size categories? Use whole numbers, not percentages

<50 301-500
51-100 501-1000
101-200 >1000
201-300

Other attendees: □ Extension □ University □ Government □ Media □ Student

**REGISTRATION FEE:**

☐ Conference Both Days: $330.00 ($380.00 after November 1)

☐ Conference Day 1: $165.00 ($215.00 after November 1)

☐ Conference Day 2: $165.00 ($215.00 after November 1)

**METHOD OF PAYMENT:**

(Locations outside USA must pay by credit card).

$ ______________Amount Enclosed, Check Number:________________________(Check payable to: CCE)

Please send form with payment to: NWNY Team/CCE-Genesee County
Attn: Cathy Wallace
420 East Main Street
Batavia, NY 14020

**REFUND POLICY:** Requests for refunds must be received by e-mail or postmarked by November 21, 2016

TO REGISTER ONLINE, VISIT http://www.cvent.com/d/0vqj77