

**Minnesota Dairy Health Conference Sponsor Reservation Form**

April 18-19, 2018

Continuing Education Conference Center  
University of Minnesota

Last Name	First Name	M.I.
Company/Institution		Title/Position
Email	Web Address	
Work Address		
City	State	Zip
Daytime Phone	Fax	

**SPONSORSHIP:** You will receive an email with a Promo Code for your complimentary registrations if applicable.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>PLATINUM</b> - \$7,500             | <input type="checkbox"/> <b>SILVER</b> - \$3,000 + Two Registrations (no booth) |
| <input type="checkbox"/> Exhibitor Space + Four Registrations  | <input type="checkbox"/> <b>BRONZE</b> - \$1,500 + One Registration (no booth)  |
| <input type="checkbox"/> <b>GOLD</b> - \$5,000                 | <input type="checkbox"/> <b>COPPER</b> - \$500 (no booth)                       |
| <input type="checkbox"/> Exhibitor Space + Three Registrations |   |

**Method of Payment**

- Enclosed is a check or money order payable to the University of Minnesota in U.S. funds that are drawn on a U.S. bank
- Please bill my organization (purchase order or letter of authorization attached)
- Please charge my U of MN EFS# \_\_\_\_\_
- Please charge my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover/Novus \_\_\_ American Express (Do Not Email This Information)

Card Number	Expiration Date	Amount to Charge
Name as it appears on card	Signature of cardholder	

**HOW TO REGISTER**

**Mail Registration to:**  
CCAPS Registration  
353 Ruttan Hall  
1994 Buford Ave. St. Paul, MN 55108

**Or Fax to our secure location:**  
612-624-5359

**For Registration Information:**  
Phone: 612-625-2900  
Email: ccapsreg@umn.edu

The information on this form is private data, used to identify and locate you, obtain payment, and enable instructors to better know their audience. Name, address, and method of payment are mandatory.