



Sponsor Agreement

2010 Dairy Tour to Vermont -- March 23-26

The Tour is hosted by the Penn State Dairy Alliance and the Professional Dairy Managers of PA
For Tour details go to www.pdmp.org or call 877-326-5993

USE THIS BLOCK TO PROVIDE INFORMATION THE WAY YOU WANT IT USED ON PROMOTIONAL MATERIALS
Please Print Clearly, Especially if Faxing. (Fax Number: 814-355-2452)

Company Name _____

Contact Name and Title -- *Normally this is the person you would want Tour attendees to use as their contact.*

Address _____

Phone _____

Email _____ Website _____

Complete This Section To Be A Tour Sponsor

We hereby agree to contribute the sum of \$_____ payable to PDMP to become a sponsor of the 2010 Dairy Tour to Vermont as noted below. It is understood that sponsors will be acknowledged on the Tour promotional brochure (if received prior to printing), on the Tour website, on materials distributed at the Tour and at the meal being sponsored. We understand that no costs for Tour participation are included in the sponsor contribution. To confirm the sponsorship, PDMP must receive a completed agreement and a commitment for payment. Payment in full must be made not later than February 15, 2010.

Please indicate below the meal for which you would prefer to be listed as a sponsor. In order to cover costs, there may be multiple sponsors for each or any of the meals.

- Tuesday Welcome Reception – Doubletree Inn, Burlington, VT \$1,000
- Wednesday Lunch – Catered at Branon’s West View Maples, Fairfield, VT \$1,000
- Wednesday Dinner with leaders from Dairy Farmers Working Together – Cow Palace Steakhouse, Derby, VT \$1,000
- Thursday Dinner with guests from the Holstein Association – Wildflower Inn, Lyndonville, VT \$1,000
- Friday Lunch with VT Secretary of Ag Roger Albee – Capitol Plaza, Montpelier, VT \$1,000

Note: Thursday lunch the group will be guests of the VT Feed & Equipment Dealers. It is not available for sponsorship

THIS AGREEMENT IS AUTHORIZED BY

Name and Title of Authorizing Agent _____

Authorizing Agent’s Signature _____

Mailing Address for Invoice _____

City _____ State _____ Zip code _____

Phone _____ Fax _____ Email _____

TOTAL COMMITMENT IN THE AMOUNT OF: \$_____ (Please make a copy for your records.)

Method of Payment:
 Check/Money Order Enclosed
 Payment by Credit Card
 Please invoice us (We understand payment in full must be made by Feb. 15, 2010.)

We require an emailed receipt when payment is processed.

MAIL check or money order (payable to PDMP) with the Agreement to the PDMP Business Office:

174 Crestview Drive
Bellefonte, PA 16823
Toll Free: 877-326-5993 / Email: Info@pdmp.org
Our Federal ID #23-3066186

FAX Agreement with credit card information to: 814-355-2452

Credit Card Information: _____ Visa _____ MasterCard

Name on card (print)

Account Number

Exp. Date Signature