



2010 SPONSORSHIP AGREEMENT For PDMP's Dairy Industry Issue Forums

Company Name _____

hereby agrees to contribute the sum of \$ _____ payable to the Professional Dairy Managers of Pennsylvania (PDMP) to become a "sponsor" of the following meeting(s).

INDICATE SELECTED 2010 ISSUE FORUM MEETING DATES AND CONTRIBUTION AMOUNT

Thursday, June 3 _____ \$250 General Sponsor or _____ \$1000 Exclusive Sponsor of June 3 Lunch

Thursday, August 5 _____ \$250 General Sponsor or _____ \$1000 Exclusive Sponsor of Aug. 5 Lunch

Thursday, November 4 _____ \$250 General Sponsor or _____ \$1000 Exclusive Sponsor of Nov. 4 Lunch

Discounted Rate As A Sponsor for All Three Dates: _____ \$700 for general sponsorship of all three meetings

Note: Exclusive sponsorship of each lunch is available on a first come/first serve basis. No discounts apply.

In appreciation for support of Issue Forums, PDMP agrees to provide your company one complimentary registration to your sponsored meeting(s) and to indicate this sponsorship on its website, in the printed materials provided to attendees, and on signage displayed at the event(s) provided full payment is received by the deadline noted on the invoice and full information has been provided by the printing deadline.

INFORMATION YOU WANT TO BE USED ON PROMOTIONAL MATERIALS

The information you provide below will be used in promotions so PLEASE PRINT CLEARLY especially if faxing. You must also provide a copy of your company logo, for use on the website and in printed materials. Email logo (Tif, jpeg or PDF) to info@pdmp.org.

Company Name _____

Name of Contact and Title of the person you'd want PDMP members to contact about your services or products.
This may not be the person submitting the contract.

Address _____

Website _____

Phone _____ Fax _____ Email _____

Name of Person Submitting this Contract _____

Authorizing Agent's Signature _____

Mailing Address for Invoice _____

Zip _____

Phone _____ Fax _____ Email _____

TO MAIL payment send the completed Agreement with check payable to PDMP:

PDMP
174 Crestview Drive
Bellefonte, PA 16823-8516
Toll Free: 877-326-5993
Email: info@pdmp.org

TO FAX Agreement provide credit card payment information and fax to the PDMP Business Office Fax: 814-355-2452
 Please email me a receipt for my records.

Credit Card Information: _____ Visa _____ MasterCard

Name on card (print)

Account Number

(Our Federal ID #: 23-3066186)

Exp. Date _____ Signature _____