



# Professional Dairy Managers of Pennsylvania Premier Partner Agreement

(Company Name) \_\_\_\_\_

wishes to take advantage of the opportunity to become a PDMP Premier Partner for one year beginning \_\_\_\_\_ by contributing the sum of \$3,000 payable to PDMP and by pledging to remain an Associate Member of PDMP in good standing throughout the term of the agreement.

In appreciation for this support, PDMP agrees to acknowledge the company as a Premier Partner in events and activities of the organization during the term of the agreement as follows:

- ◆ In event and activity promotional messages emailed or mailed to prospective attendees
- ◆ In materials distributed at three Issue Forums, one Dairy Tour, and one PA Dairy Summit
- ◆ On special signs at three issue Forums and at one PA Dairy Summit
- ◆ With one complimentary registration for each of three Issue Forums
- ◆ As part of selected email bulletins sent to members
- ◆ By displaying the company logo on the homepage of the PDMP website with a link to more information about the company
- ◆ Through one article prepared by PDMP for our special page in the Farmshine newspaper

### 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 \_\_\_\_\_

### THE FOLLOWING INFORMATION ABOUT OUR COMPANY IS TO BE USED ON PROMOTIONAL MATERIALS. *Please Print Clearly -- Especially if You are Faxing the Agreement*

***Provide Company Name As You Want it Used on Promotional Materials***

\_\_\_\_\_  
***Provide the Name & Title of the person you want PDMP members to contact about services or products.***

***Provide information for the person you showed above as the PDMP member contact.***

Address \_\_\_\_\_

\_\_\_\_\_  
Website \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Partners must provide an electronic/digital copy of the company logo (TIF or JPG preferred).** By sending the logo with the agreement, recognition can generally be provided on the PDMP website within three business days of receipt .

\_\_\_ Use the copy of our logo that is in the PDMP files.    \_\_\_ An copy of our logo will be emailed to info@pdmp.org

**TOTAL PAYMENT IN THE AMOUNT OF: \$ \_\_\_\_\_**

(PDMP's Federal ID #23-3066186)

\_\_\_ Please Invoice Us

Credit Card Information:    \_\_\_ Visa    \_\_\_ MasterCard

\_\_\_ Check Enclosed Payable to PDMP  
MAIL check (or money order) to:  
174 Crestview Drive, Bellefonte, PA 16823  
Toll Free: 877-326-5993  
Email: Info@pdmp.org

\_\_\_\_\_  
Name on card (print) \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

\_\_\_ Payment by Credit Card

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

\_\_\_\_\_  
Signature \_\_\_\_\_ 8/19/08 - sgt