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 $5,000 payable to PDMP.

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 promotional messages about PDMP events and activities emailed or mailed to prospective attendees
- In PDMP materials distributed at events including three Issue Forums, one Dairy Tour, and one PA Dairy Summit
- On special signs at three issue Forums and on a PDMP sign 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

Premier Partner's also receive all the benefits of PDMP's Gold Investor membership including but not limited to:

- Discounted member registration fees at each PDMP event for anyone from your company
- PDMP reports, updates and other information sent to five people from your company who are designated as contacts
- Information about each of your five contact people on the PDMP website, with a link to your company's website
- One complimentary exhibit booth at the Dairy Summit, which includes one registration to that event.

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 YOUR COMPANY IS FOR USE ON PROMOTIONAL MATERIALS.

Please Print Clearly -- Especially if You are Faxing the Agreement

Indicate on the line below specifically how you want your company named on promotional materials

_____

Provide information below about the person who will named as PDMP's primary contact with your company.

Name & Title _____

Address _____

_____ Website _____

Phone _____ Fax _____ Email _____

NOTES: PDMP will work with your Primary Contact to verify which four people are to be named as additional contacts with your company per the agreement.

To complete the agreement, the Premier Partner is responsible for providing a digital copy of the company's logo for use by PDMP in promotions (TIF or JPG preferred).

___ Use the copy of our logo that is in the PDMP files. ___ A 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
Fax Agreement to: 814-355-2452

_____ Check Enclosed Payable to PDMP
Mail To: 174 Crestview Drive, Bellefonte, PA 16823
Toll Free: 877-326-5993
Email: Info@pdmp.org

_____ Payment by Credit Card As Noted
Fax Agreement to: 814-355-2452

Credit Card Information: _____ Visa _____ MasterCard

_____
Name on card (print) Exp. Date

_____
Account Number

_____
Signature

1/14/09B - sgt