

Registration Form

Please Print Clearly

Name: _____

Company/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

Total number attending: _____

Names of Additional Attendees (attach a sheet with addresses if different than above)

Amount Enclosed *

\$ _____ Registration (\$130/person)*

\$ _____ Extra Proceedings (\$20/copy)

\$ _____ **Total**

Please check the box the corresponds to your job affiliation:

Feed Industry - sales/nutrition advisor

Feed Industry - support staff/management/research

Private Consultant

Veterinarian

Dairy Producer

Campus/University Staff

County Extension

Government

***Pre-registration is required.** A \$25 per registration charge will be added for late registrations and registrations received at the door. Refunds are permitted until April 13, 2006. Discounted registration fees are available for organizations with groups of 10 or more if registrations are received before the registration deadline. Group registrations must be received at the same time. Contact Laurie Winkelman at (614) 688-3143 for details on group discounts or with questions.



Registration deadline: April 7, 2006.

Make checks payable to: **The Ohio State University.**
Sorry, we are unable to accept credit cards as a form of payment.

Mail registration form and fee to: **Tri-State Dairy Nutrition Conference**
222 C Animal Science Building
2029 Fyffe Court
Columbus, Ohio 43210-1095