



REGISTRATION FORM

National Dairy Calf & Heifer Conference
 Mayo Civic Center
 Rochester, Minn.
 April 1-3, 2008

Pre-Registration Deadline March 20th

Complete **ALL** contact information below for your badge (please print):

PRIMARY REGISTRANT:

Name: _____

Nickname for Badge: _____

Business Name: _____

Ph: _____

Address: _____

Fax: _____

City: _____ State: _____ Zip: _____

Email: _____

Spouse: _____

Indicate the following:

(check all that apply)

- Contract Grower- indicate the number of heifers you raise/feed per year
- Less than 500 500-2500
 2500-5000 Over 5000

Membership must be current to qualify for member rates. NOTE: For each paid membership only the company contact person will qualify for member rates. Additional employees of any company must pay non-member rates. (Sustaining associate members also qualify for member rates)

Before March 20 After March 20

Pre Conference Forum – Tuesday, April 1

Member	\$50	\$ 75	\$ _____
Non-member	\$75	\$100	\$ _____
Spouse/Student	\$45	\$ 45	\$ _____

- Milk Cows Dairy Beef Producer
 Industry Rep Veterinarian
 Farm Employee Consultant/Researcher

Two Day Rate

Member	\$245	\$295	\$ _____
Non-member (see note)	\$350	\$400	\$ _____
Spouse/Student	\$145	\$145	\$ _____

Early registrations must be paid in full before March 20th to honor early bird rates.

Bulk registrations available if received before pre-registration deadline. Contact DCHA headquarters office at 877-434-3377 for details.

One Day Rate – Wednesday, April 2 Only

Member	\$145	\$195	\$ _____
Non-member	\$195	\$245	\$ _____
Spouse/Student	\$75	\$75	\$ _____

Conference Hotels:

Radisson Plaza Hotel – Call 507-281-8000
 Hilton Garden Inn – Call 507-285-1234

Ask for DCHA rate of \$85

Half Day Rates – Tuesday, April 1 or Thursday, April 3

(please circle appropriate day)

Member	\$60	\$70	\$ _____
Non-member	\$85	\$95	\$ _____
Spouse/Student	\$45	\$45	\$ _____

Remit Address: DCHA

16020 Swingley Ridge Road, Ste 300
 Chesterfield, MO 63017
 Toll Free: 877-434-3377

Total Amount Due: \$ _____

Payment/Credit Card Information: Check#: _____ (payable to DCHA)

CANCELLATION POLICY

Cancellations must be received in writing before March 20th to receive 100% refund

MasterCard Visa (credit card payments may be faxed to 636-449-5051)

Credit Card No.: _____ Exp. Date: _____

Name on Card: _____

No refunds after March 20th

Signature: _____

Please Complete One Form For Each Attendee