

Exhibit Form



International Dairy Foods Association
Milk Industry Foundation
National Cheese Institute
International Ice Cream Association

2010

Conference Exhibit

First Name: _____ Last Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Table-top Exhibit Fee: \$500 each*

Meeting: Ice Cream Technology Dairy Sustainability Symposium
Milk and Cultured Dairy Products Symposium

Description of promotional items that will be shipped to conference: _____

*This price does not include registration for the event. A participant from each company must register in order to have an exhibit.

Payment Information

Pay by credit card (for charges of no more than \$2000)

Visa MC Am. Ex. Discover Check

Account #: _____ Exp: _____

Name on Card: _____ Billing Zip Code: _____

Signature: _____ Date: _____

Please invoice me

Pay by check

Return to: International Dairy Foods Association
Attn: IDFA Exhibits
1250 H St. NW, Suite 900
Washington, DC 20005
202-737-4332
Fax: 202-331-7820

FOR OFFICE USE ONLY

Check Amt. _____

Check # _____