

2010 Dairy Health and Nutrition Conference Sponsorship Pledge

My firm would like to participate as a:

Gold Sponsor (\$1,000) - Company logo in program and posters, exhibit space at both conferences, guest at speakers dinner on Wednesday, April 14 (West Lebanon, NH), registration fee for one representative.

Silver Sponsor (\$500) - Company name listed in program and posters, exhibit space at Syracuse conference, registration fee for one representative.

Bronze Sponsor (\$300) - Company name listed in program and posters, registration fee for one representative.

Name: _____

Firm Name: _____

Street: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Please invoice me

Credit Card: VISA MasterCard Discover AMEX

Card Number: _____

Signature: _____ Exp. Date: _____

CIN # (3 digit code on back; except AMEX 4 digit code on front): _____

We plan to (check all that apply):

Attend the Syracuse Speaker Reception on Monday, April 12 at 6:00 pm.

Exhibit at the Syracuse Conference on Tuesday, April 13.

Exhibit at the West Lebanon Conference on Thursday, April 15.

(Available only for Speaker Sponsors or Gold Sponsors)

Name of one complimentary representative from your firm to be registered:

_____ (Syracuse)

_____ (West Lebanon)

Additional Representatives:

\$75 each/\$85 on-site # _____ Syracuse, NY # _____ West Lebanon, NH

\$20 each Reception # _____ Syracuse, NY

Send registration form and payment to:

The Northeast Ag and Feed Alliance, 4 Youngs Place, Latham, NY 12110

Phone: (518) 783-1322 | Fax: (518) 783-1258 | www.northeastalliance.com



2010 Dairy Health and Nutrition Conference



April 13

**DoubleTree Hotel
Syracuse, New York**

April 15

**A Fireside Inn
& Suites
West Lebanon,
New Hampshire**

Speaker Sponsors



PRINCE AGRICULTURAL PRODUCTS, INC.



WEST CENTRAL®



FARM CREDIT EAST



Program

The Northeast Ag and Feed Alliance is proud to host premiere conferences for producers, veterinarians, feed industry representatives, cooperative extension agents and others.

- 8:00-9:00 Registration, Coffee and Exhibits
- 9:00 Call to Order and Welcome
- 9:15 **Dr. Bob Patton**, Nittany Dairy Nutrition
Amino Acid Nutrition and the Role of Protected Amino Acids
- 10:15 Coffee Break and Exhibits
- 10:45 **Dr. Joe Hogan**, The Ohio State University
Nutrition, Management and Mastitis: Latest Research
- 11:45 Lunch and Exhibits
- 1:15 pm **Dr. Mike Hutjens**, University of Illinois
Lessons Learned from \$10 Milk
- 2:15 **Mr. Rick Hermonot**, Farm Credit East
Financial Tools for Dairy Consultants to Best Interact with Their Clients
- 3:15 Adjourn

4.00 Continuing Education Units will be available through ARPAS and 4.00 Continuing Education Credits will be available through the voluntary Academy of Veterinary Practice.



2010 Dairy Health and Nutrition Conference

April 13
Double Tree Hotel
Syracuse, NY

April 15
A Fireside Inn & Suites
West Lebanon, NH

Travel Directions: NYS Thruway Exit 35. Enter traffic circle and exit at Route 298 East. Hotel is on the left.

Travel Directions: Exit 37 off I-89, turn onto Airport Road

Lodging: Double Tree Hotel - (315) 432-0200, identify yourself as part of the Northeast Ag & Feed Alliance to receive the rate of \$106.00/night, plus tax.

Lodging: A Fireside Inn & Suites - (603) 298-5900, identify yourself as part of the Northeast Ag & Feed Alliance to receive the rate of \$89.95/night, plus tax.



Speaker Reception:
April 12, 6:00 - 8:00 pm, Regatta Restaurant, DoubleTree Hotel, \$20 per person.

Registration Form

Name(s): _____

Firm Name: _____

Street: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

_____ @ \$75 Conference* Syracuse, NY West Lebanon, NH

_____ @ \$35 Dairy Producers Syracuse, NY West Lebanon, NH

_____ @ \$25 Student Syracuse, NY West Lebanon, NH

_____ @ \$20 Reception Syracuse, NY

*Conference rate is good until April 5, after this date the on-site rate of \$85 will be charged. **A group rate of \$65 each is available for groups of five (5) or more** attending from the same company. Cancellations received prior to April 5 will be assessed a \$20 cancellation fee. Refunds will not be issued after April 5 or for no-shows.

Total: _____

Credit Card: VISA MasterCard Discover AMEX

Card Number: _____

Signature: _____ Exp. Date: _____

CIN # (3 digit code on back; except AMEX 4 digit code on front): _____

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