

REGISTRATION FORM - 2026

If registering for others in your organization, please complete a separate sheet for each attendee.

NAME (as you prefer on name tag) _____

SPOUSE OR GUEST NAME (For name tag purposes only) _____

COMPANY/UNIVERSITY _____

(If registering as a student, please indicate that here)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____ EMAIL _____

DCA may share my email address with other attendees: Yes ___ No ___

Registration Options:

Option #1 Sept. 14-16 (All Sessions)

Postmarked by August 14: **\$300**

Postmarked after August 14: **\$350**

Option #2 Sept. 14-15 (Combined Session I; Poultry Health Session I; Processing Session)

Postmarked by August 14: **\$225**

Postmarked after August 14: **\$275**

Option #3 Sept. 16 (Combined Session II; Poultry Health Session II; Live Production Session)

Postmarked by August 14: **\$150**

Postmarked after August 14: **\$200**

\$ _____

Option #4 Sept. 16 (Grower Registration)

Postmarked by August 14: **\$50**

Postmarked after August 14: **\$100**

For #1 or #2, additional tickets for the Tuesday reception, dinner at Seacrets are \$80. Extra guests: ___ \$ _____

TOTAL PAYMENT

\$ _____

To help us get an accurate headcount, please indicate whether you plan to attend the meals included with your registration.

Tuesday lunch (#1, #2): ___ Yes ___ No Tuesday reception and dinner (#1, #2): ___ Yes ___ No Wednesday lunch (#1, #3): ___ Yes ___ No

Payment Method:

Please mark: ___ Student (free) ___ Check enclosed ___ Visa ___ Master Card ___ Discover ___ AMEX

Credit Card Number: _____ Exp. Date: _____ CSC #: _____

Billing Address (if different than top): _____

Cardholder Name: _____

Cardholder Signature: _____

Mail registration form and checks to:

Delmarva Chicken Association, Inc.
16686 County Seat Highway
Georgetown, DE 19947



To ensure that this Summit provides an optimal educational experience for all attendees, your registration is subject to Delmarva Chicken Association's final approval. Delmarva Chicken Association reserves the right to deny admission either in advance or on-site to anyone whom DCA believes will disrupt the conference or hinder the educational experience.

No refunds after Aug. 14. Substitutions are allowed. No mail-in registrations will be accepted after Sept. 11.

For DCA Office Use Only

Payment Made By: Check # _____ Cash _____ DCA File # _____ Date Received _____