

REGISTRATION FORM - 2024

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. 30-Oct. 2 (All Sessions)

Postmarked by August 30: **\$250** Postmarked after August 30: **\$300** _____

Option #2 Sept. 30-Oct. 1 (Combined Session I; Poultry Health Session I; Processing Session)

Postmarked by August 30: **\$175** Postmarked after August 30: **\$225** \$ _____

Option #3 Oct. 2 (Combined Session II; Poultry Health Session II; Live Production Session)

Postmarked by August 30: **\$125** Postmarked after August 30: **\$175** \$ _____

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. 30. Substitutions are allowed. No mail-in registrations will be accepted after Sept. 27.

For DCA Office Use Only

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