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www.milkgenomics.org

Registration includes:

- Symposium presentations
- Handouts and materials
- Lunches and refreshments
- Welcome reception

Questions?

Call (650) 871-6459, x304  
or email  
jgiambroni@cmab.net

**ATTENDEE REGISTRATION** (On-site registration is not available):

Please print clearly, type or attach your business card. This form may be photocopied for additional registrants.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY/AFFILIATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_

		Advanced: Before September 7, 2010	Regular: After September 7, 2010
<input type="checkbox"/>	Regular Registration	\$450	\$500
<input type="checkbox"/>	IMGC Sponsoring Member Registration	\$400	\$450
<input type="checkbox"/>	Student Registration	\$300	\$325

**Payment in U.S. Dollars** (please check method)

Register online at [www.acteva.com/go/CDRF](http://www.acteva.com/go/CDRF)

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\* Make checks payable to the *California Dairy Research Foundation* and send to:

International Symposium – Milk Genomics & Human Health, Symposium Coordinator, CDRF, 502 Mace Blvd., Suite 12, Davis, CA 95618

**Credit Card**

Complete the information below:

Visa  Mastercard  American Express  
 Discover Total Amount: \$ \_\_\_\_\_

Card no: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_  
(last three digits located on back of your credit card)

Name (as it appears on card)  
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Signature: \_\_\_\_\_

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**Bank Transfer (US Funds Only)**

Complete the information below and fax form to (530) 753-1453 to complete registration process.

Registration Quantity \_\_\_\_\_  Rate \_\_\_\_\_  
 Transfer fee of \$30 per transaction  
Total Amount: \$ \_\_\_\_\_

**Beneficiary:** California Dairy Research Foundation  
Wells Fargo Bank, 2121 Cowell Boulevard, Davis CA 95618

**Account:** 555 966 3561  
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*Please reference IMGC Registration for proper credit.*