

**Registrant Information** (please print neatly or type)

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Name First \_\_\_\_\_ Last/Surname \_\_\_\_\_

Job Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

(Street address is required to have badge mailed in advance; no P.O. Box.)

City \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Facsimile ( \_\_\_\_\_ ) \_\_\_\_\_

(Country Code/Area Code)

(Country Code/Area Code)

Mobile ( \_\_\_\_\_ ) \_\_\_\_\_

(Country Code/Area Code)

Email \_\_\_\_\_

(Individual business e-mail or fax required to receive confirmation.)

Referred by: \_\_\_\_\_

**Key Contact Information** - Complete this section if all communications and badge should be sent to a key contact instead of registrant.

Name First \_\_\_\_\_ Last/Surname \_\_\_\_\_

Job Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

(Street address is required to have badge mailed in advance; no P.O. Box.)

City \_\_\_\_\_ State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Facsimile ( \_\_\_\_\_ ) \_\_\_\_\_

(Country Code/Area Code)

(Country Code/Area Code)

Mobile ( \_\_\_\_\_ ) \_\_\_\_\_

(Country Code/Area Code)

Email \_\_\_\_\_

(Individual business e-mail or fax required to receive confirmation.)

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**TOTAL: \$** \_\_\_\_\_

**Method of Payment** (Only registration forms accompanied by payment will be processed - no invoicing)

Company Check (do not fax)

Make checks payable to PMA. U.S. funds drawn on U.S. banks only.

MasterCard    VISA    American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ (Please print)   Cardholder's Employer Name: \_\_\_\_\_ (Please print)

Cardholder's Signature: \_\_\_\_\_

<p><b>QUESTIONS?</b> Call +1 (302) 738-7100</p>	<p><b>Fax this form to:</b> Fax: +1 (302) 738-6685</p>	<p><b>By mail:</b> Produce Marketing Association P.O. Box 6036 Newark, DE 19714-6036 USA</p>	<p><b>By courier:</b> Produce Marketing Association 1500 Casho Mill Road Newark, DE 19711 USA</p>
<p><b>FOR PMA USE ONLY</b> CODE: _____</p>			

DATE: \_\_\_\_\_ MASTER ID#: \_\_\_\_\_ CONTACT ID#: \_\_\_\_\_ ORDER#: \_\_\_\_\_

AMT PD: \_\_\_\_\_ APR/CK#: \_\_\_\_\_ REC'D BY: \_\_\_\_\_ PROOFED BY: \_\_\_\_\_