

March 29-31, 2004, Dairy Fly-in Participant Registration Form

*To be completed by organizations for all participants,
including those who have been participants before*

Please fax forms by March 12, 2004,
to /John Bullock/Linda Kendall, NFU/DC office, at 202/554-1654
(please number pages faxed and indicate total number faxed)

State/Group: _____

Participant's full name: _____

Circle one: Mr., Mrs., Ms., Miss, Dr.

First name preference? _____

(IMPORTANT!) Arrival Date/Time: _____ Departure Date/Time: _____

Name of hotel _____ Phone: _____

(For security purposes only) Date of birth: _____ U.S. Citizen? _____

Social Security no.: _____

Home Address(Street): _____

City: _____ State: _____ Zip code: _____

Home phone number: _____ cell phone: _____

Email address: _____

Name of participant's congressional representative and/or district no: _____

How many fly-ins has the participant attended?

Would he or she be a good candidate for team captain if teams are assigned?

What is the participant's occupation? _____

Is the participant a member of the media (non FU media staff)? _____

Is the participant a FU media staffer? _____

If participant is a farmer or rancher, what are the main commodities produced?

PLEASE DO NOT LEAVE CAPITOL HILL BEFORE VISITS END AT 5:00 P.M. MARCH 31.