

ACFSA 2009 International Training Conference & Expo

August 16-20, 2009 • Amway Grand Hotel, Grand Rapids, Michigan



OFFICIAL ACFSA CONFERENCE REGISTRATION FORM

Name _____

Nickname for Badge _____ First ACFSA Conference? (circle) Yes No

Position _____

Facility/Company _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address (MANDATORY) _____

Contact Phone (MANDATORY) _____

Phone for publication (OPTIONAL) _____

Guest Name _____

Guest Name _____

Guest Name _____

REGISTRATION FEES				
Number of Attendees	Type of Registration	Registering Before <i>July 24, 2009</i>	Registering After <i>July 24, 2009</i>	Amount Due
	ACFSA MEMBER	\$195	\$225	
	ACFSA NON-MEMBER	\$275	\$300	
	GUESTS (INCLUDES FRIENDS, RELATIVES ONLY)	\$110	\$130	
	ACFSA PROFESSIONAL PARTNER REGISTRATION *	\$250*	\$275*	
	NON-MEMBER VENDOR REGISTRATION *	\$375*	\$400*	
	MARKET RESEARCH FEE - ALLOWS ACCESS TO VENDOR SHOW FOR (VENDOR) ATTENDEES *	\$150*	\$175*	
	ONE DAY MEMBER AND NON-MEMBER (FOODSERVICE EMPLOYEES ONLY) PLEASE SPECIFY DATE:	\$70	\$95	
	VENDOR SHOW ONLY (FOODSERVICE EMPLOYEES ONLY)	\$25♦	\$30♦	
	SANITATION CERTIFICATION PROGRAMS NATNL REGISTRY OF FOOD SAFETY PROFESSIONALS CLASS INCLUDES BOOK AND ALL MATERIALS	\$40	\$40	
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TOTAL DUE (FULL PAYMENT MUST ACCOMPANY COMPLETED REGISTRATION FORM)				

♦ - IF THERE ARE FIVE OR MORE ATTENDEES FROM THE SAME FACILITY ATTENDING CONFERENCE, THEY WILL RECEIVE A 25% DISCOUNT. THIS DISCOUNT APPLIES ONLY TO FOODSERVICE PROFESSIONALS ATTENDING THE VENDOR SHOW

* - ONLY VENDORS WHO WORK FOR COMPANIES THAT HAVE NEVER ATTENDED OR EXHIBITED AT AN ACFSA CONFERENCE MAY ENTER VENDOR SHOW. **ABSOLUTELY NO SOLICITATION** WILL BE ALLOWED FROM ANY TYPE OF PERSON, COMPANY OR PUBLICATION. THOSE CAUGHT WILL BE ESCORTED FROM THE SHOW OR CONFERENCE WITH NO REFUND GIVEN.

CANCELLATIONS
CANCELLATIONS REQUESTED IN WRITING TO ACFSA WILL BE GIVEN A FULL REFUND IF RECEIVED ON OR BEFORE JULY 10, 2009. CANCELLATIONS RECEIVED AFTER JULY 10, 2009 & NO-SHOWS WILL NOT BE REFUNDED.

REGISTRATION
REGISTRATION WILL BEGIN SUNDAY, AUGUST 16, 2009 AT 1:00 P.M. BADGES, PROGRAMS AND OTHER MATERIALS WILL BE PROVIDED AT THAT TIME. PLEASE BE AWARE THAT NO CONFIRMATIONS WILL BE SENT.

PLEASE NOTIFY ACFSA OF ANY SPECIAL DIETARY REQUIREMENTS. SEND THIS INFORMATION WITH REGISTRATION AND WE WILL DO OUR BEST TO ACCOMMODATE YOUR NEEDS.

QUESTIONS? (818)843-6608
WWW.ACFSA.ORG

PAYMENT INFORMATION - If paying with a check, make payable to ACFSA. Check # _____

Send Payment to: **ACFSA, 210 N. Glenoaks Blvd., Suite C, Burbank, CA 91502**

Those paying with Credit Card, Fill in information below and FAX to **(818)843-7423**

Credit Card Number _____ Expires _____

V-Code _____ Name on Card _____

Signature of Cardholder _____