

ACFSA 2015 Annual International Conference & Vendor Showcase

August 23-27, 2015 ▲ Niagara Falls, New York ▲ Sheraton at the Falls



Name _____

Nickname for Badge _____ First ACFSA Conference (circle) YES NO

Position _____

Facility/Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address (MANDATORY) _____

Contact Phone (MANDATORY) _____

Phone for Publication (OPTIONAL) _____

Guest Name _____

Guest Name _____

Guest Name _____

REGISTRATION FEES

Number of Attendees	Type of Registration	Early June 23, 2015	Regular July 21, 2015	Late July 22 - On-Site	Amount Due
	ACFSA FOOD SERVICE, INSTITUTIONAL OR RETIRED	\$225	\$275	\$325	
	ACFSA NON-MEMBER <i>FOOD SERVICE EMPLOYEES ONLY - NO EXCEPTIONS**</i>	\$300	\$350	\$400	
	GUESTS <i>(INCLUDES FRIENDS, RELATIVES, ONLY)</i>	\$150	\$175	\$225	
	ONE DAY MEMBER AND NON-MEMBER <small>DOES NOT INCLUDE BANQUET</small> <i>FOOD SERVICE EMPLOYEES ONLY - NO EXCEPTIONS**</i> <small>PLEASE SPECIFY DATE: SUN MON TUES WED THURS</small>	\$95	\$120	\$150	
	VENDOR SHOW ONLY <i>FOOD SERVICE EMPLOYEES ONLY - NO EXCEPTIONS**</i>	\$25♦	\$30♦	\$35♦	
	SERVSAFE PROGRAMS INCLUDES BOOK, MATERIALS & TEST	\$50	\$50	\$75	
	GOLF TOURNAMENT	\$90	\$90	\$90	

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 FOOD SERVICE EMPLOYEES & EXHIBITORS WILL BE PERMITTED TO ATTEND CONFERENCE & TRADE SHOW. NON-EXHIBITING VENDORS WILL NOT BE PERMITTED TO ATTEND CONFERENCE OR TRADE SHOW UNDER ANY CIRCUMSTANCES.**

CANCELLATIONS
CANCELLATIONS REQUESTED IN WRITING TO ACFSA WILL BE GIVEN A FULL REFUND IF RECEIVED ON OR BEFORE JULY 21, 2015. CANCELLATIONS RECEIVED AFTER JULY 21, 2015 & NO-SHOWS WILL NOT BE REFUNDED.

REGISTRATION
REGISTRATION WILL BEGIN SUNDAY, AUGUST 23, 2015 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 YOUR REGISTRATION AND WE WILL DO OUR BEST TO ACCOMMODATE YOUR NEEDS.

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

PAYMENT INFORMATION - If paying by check, make payable to ACFSA Check # _____

Send Payment to: **ACFSA, PO Box 10065, Burbank, CA 91510**

For those paying with a credit card, please fill in the information below and **FAX to (818)843-7423**

Credit Card Number _____ Expires _____ V-Code _____

Billing Address _____ Billing Zip Code _____

Name on Card _____ Signature of Cardholder _____