ACFSA 2016 Annual International Conference & Vendor Showcase August 28-31, 2016 A Minneapolis, Minnesota A Radisson Blu - Mall of America



Name			THE INTERNAT	F S A
Nickname for Badge			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					• IF THERE ARE FIVE OR MORE ATTENDEES FROM THE SAME FACILITY ATTENDING CONFERENCE, THEY WILL				
Number of Attendees	Type of Registration	-Early June 30, 2016	Regular July 23, 2016	Late July 23 - On-Site	Amount Due	RECEIVE A 25% DISCOUNT. This discount applies Only to Foodservice Professionals attending the Vendor Show			
	ACFSA Food Service, Institutional or Retired	\$275	\$325	\$375		** Only Food Service Employees & Exhibitors will be permitted to attend Conference & Trade Show.			
	ACFSA Non-Member Food Service Employees ONLY NO EXCEPTIONS**	\$350	\$400	\$450		Non-Exhibiting Vendors will NOT be permitted to attend Conference or Trade Show under ANY circumstances.			
	Guests (Includes Friends, Relatives, ONLY)	\$150	\$175	\$225		CANCELLATIONS Cancellations requested in writing to ACFSA will be given a full refund if received on or befor			
	ONE DAY MEMBER AND NON-MEMBER DOES NOT INCLUDE BANQUET FOOD SERVICE EMPLOYEES ONLY - NO EXCEPTIONS** Please Specify Date: Sun Mon Tues Wed	\$95	\$120	\$150		JULY 23, 2016. CANCELLATIONS RECEIVED AFTER JULY 23, 2016 & NO-SHOWS WILL NOT BE REFUNDED. REGISTRATION			
	VENDOR SHOW ONLY Food Service Employees ONLY - NO EXCEPTIONS**	\$25♦	\$30♦	\$35♦		REGISTRATION WILL BEGIN SUNDAY, August 28, 2015 at 1:00 P.M. Badges, Programs and other Materials will			
	ServSafe Programs (Check One) Certification Includes Book , Materials & Test	\$50	\$50	\$75		BE PROVIDED AT THAT TIME. Please be aware that NO confirmations will be sent. Please Notify ACFSA of any Special			
	I plan to take the Wednesday Tour at EcoLab	NA	NA	NA		PLEASE NOTIFY ACFSA OF ANY SPECI DIETARY REQUIREMENTS. SEND THI INFORMATION WITH YOUR REGISTRATI AND WE WILL DO OUR BEST TO ACCOMMODATE YOUR NEEDS.			
TOTAL DUE (Full payment MUST accompany completed registration form)						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

Name on Card

Expires_

____V-Code___

Billing Zip Code

Signature of Cardholder