

ACFSA 2017 Annual International Conference & Vendor Showcase

September 24-27, 2017 ▲ San Diego, California ▲ Town & Country Resort



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 July 31, 2017	Regular Aug 31, 2017	Late Sept 1 - On-Site	Amount Due
	ACFSA FOOD SERVICE, INSTITUTIONAL OR RETIRED	\$275	\$325	\$375	
	ACFSA NON-MEMBER FOOD SERVICE EMPLOYEES ONLY NO EXCEPTIONS**	\$350	\$400	\$450	
	GUESTS (INCLUDES FRIENDS, RELATIVES, ONLY)	\$150	\$175	\$225	
	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	
	VENDOR SHOW ONLY FOOD SERVICE EMPLOYEES ONLY - NO EXCEPTIONS**	\$25♦	\$30♦	\$35♦	
	SERVSAFE PROGRAMS (CHECK ONE) <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> RE-CERTIFICATION INCLUDES BOOK, MATERIALS & TEST	\$50	\$50	\$75	
	I PLAN TO TAKE THE WEDNESDAY TOUR OF CENTRAL PRODUCTION FACILITY	NA	NA	NA	

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 AUGUST 23, 2017. CANCELLATIONS RECEIVED AFTER AUGUST 23, 2017 & NO-SHOWS WILL NOT BE REFUNDED.

REGISTRATION
REGISTRATION WILL BEGIN SUNDAY, AUGUST 24, 2017 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 _____