

ACFSA 2019 Annual International Conference & Vendor Showcase

September 22-25, 2019 ■ Memphis, Tennessee ■ The Guest House at Graceland



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, 2019	Regular Aug 31, 2019	Late Sept 1 - On-Site	Amount Due
	ACFSA Food Service, Institutional or Retired	\$375	\$425	\$475	
	ACFSA NON-MEMBER Food Service Employees ONLY NO EXCEPTIONS**	\$445	\$500	\$550	
	Guests (Includes Friends, Relatives, ONLY)	\$250	\$275	\$325	
	One Day Member and Non-Member <small>DOES NOT INCLUDE BANQUET</small> Food Service Employees ONLY - NO EXCEPTIONS** <small>Please Specify Date: Sun Mon Tues Wed</small>	\$120	\$145	\$175	
	Vendor Show Only Food Service Employees ONLY - NO EXCEPTIONS**	\$30♦	\$40♦	\$50♦	

♦ 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 15, 2019. Cancellations received after August 15, 2019 & No-Shows will NOT be refunded.

REGISTRATION

Registration will begin Sunday, Sept. 22, 2019 at 1 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

TOTAL DUE

(FULL PAYMENT **MUST** ACCOMPANY COMPLETED REGISTRATION FORM)

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. FAX to 818-843-7423 or mail.

Credit Card Number _____ Expires _____ V-Code _____

Billing Address _____ Billing Zip Code _____

Name on Card _____ Signature of Cardholder _____