

# ACFSA 2023 Annual International Conference & Vendor Showcase

September 17-20, 2023 ■ Virginia Beach, Virginia ■ The Founder's Inn & Spa



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, 2023	Regular Aug 31, 2023	Late Sept 1 - On-Site	Amount Due
	ACFSA Food Service, Institutional or Retired	\$399	\$449	\$499	
	ACFSA NON-MEMBER <b>Food Service Employees ONLY</b> <b>NO EXCEPTIONS**</b>	\$475	\$525	\$575	
	Guests (Includes Friends, Relatives, ONLY)	\$250	\$275	\$325	
	One Day Member and Non-Member <small>DOES NOT INCLUDE BANQUET</small> <b>Food Service Employees ONLY - NO EXCEPTIONS**</b> <small>Please Specify Date: Sun Mon Tues Wed</small>	\$175	\$190	\$205	
	Vendor Show Only <b>Food Service Employees ONLY - NO EXCEPTIONS**</b>	\$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, 2023. Cancellations received after August 15, 2023 & No-Shows will NOT be refunded.

### REGISTRATION

Registration will begin Sunday, Sept. 17, 2023 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  
www.ACFSA.org

**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 \_\_\_\_\_

Billing Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_