

REGISTRATION FORM

AAFCP 2009 ANNUAL MEETING

Name: _____

Preferred credentials: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

email: _____

Telephone: (day) _____ (evening) _____

Registration fees (U.S. dollars only); includes 7/15, 7/16, 7/17, & 7/18

AAFCP MEMBER (before 6/1/09) (#) _____ x \$300 = _____

AAFCP MEMBER (after 6/1/09) (#) _____ x \$350 = _____

NON-MEMBER (before 6/1/09) (#) _____ x \$350 = _____

NON-MEMBER (after 6/1/09) (#) _____ x \$400 = _____

Daily registrations (meals not included) (#) _____ x \$125 = _____

PLEASE NOTE: Two luncheons and the Saturday evening banquet and speaker are included in the registration fee. Registration must be paid in full, regardless of sponsor message sales/refunds.

Guest tickets for the following meals are available:

Additional Luncheon(s) on 7/16/09 (#) _____ x \$25 = _____

Additional Luncheon(s) on 7/17/09 (#) _____ x \$25 = _____

Additional Banquet Dinner(s) on 7/18/09 (#) _____ x \$35 = _____

Boxed Lunch(es) on 7/18/09 (#) _____ x \$15 = _____

Please specify your choice: 1) Croissant Club: Ham or Turkey 2) Smoked turkey and boursin wrap

Box lunches include potato chips, pasta salad, fresh whole fruit, baked cookie, and bottled soda or water.

Please accept my donation of \$ _____

Total: \$ _____

Is this the first Annual Meeting you have attended? Yes No

REGISTRATION

To register by mail: Mail check and Registration Form to AAFCP: C/O

Sylvia Corson, Financial Officer
3305 Boca Lane
Cincinnati, OH 45239

To register and pay online: www.aafcp.org

Reduced registration fees are applicable to Academy members in good standing and to those whose membership application is postmarked by June 1, 2009. Membership applications are available online. Please note that payment by credit card will not be available onsite. For more information contact, Sylvia Corson (513) 851-1188.