

AFFI-CON 2018 REGISTRATION FORM

Return completed form with check payment to:

American Frozen Food Institute

PO Box 34861 | Alexandria, VA 22334-0861

Credit card payment to:

FAX: (703) 821-1350 or EMAIL: events@affi.com

AFFI-CON 2018

THE COSMOPOLITAN OF LAS VEGAS | MARCH 3-6

The best place to do business face-to-face.

ATTENDEE NAME

FIRST NAME (NICKNAME) FOR BADGE

SPOUSE/GUEST NAME (IF ATTENDING)

SPOUSE/GUEST (NICKNAME) FOR BADGE

TITLE

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

PHONE

FAX

E-MAIL

(A valid e-mail address is necessary to receive correspondence.)

WEB ADDRESS

ARE YOU PLANNING TO ATTEND THE WELCOME RECEPTION ON SATURDAY, MARCH 4?

YES

NO

ARE YOU PLANNING TO ATTEND THE AFFI ANNUAL MEETING AND INDUSTRY SPOTLIGHT?

YES

NO

THIS INFORMATION WILL BE USED IN THE PRE-REGISTRATION LISTS AND PROGRAM & DIRECTORY.

WHAT PRODUCT(S) OR SERVICE(S) DO YOU BUY AT AFFI-CON?

WHAT PRODUCT(S) OR SERVICE(S) DO YOU SELL AT AFFI-CON?

THIS INFORMATION IS FOR INTERNAL USE ONLY.

WILL YOU BE MAKING HOTEL RESERVATIONS AT THE COSMOPOLITAN LAS VEGAS, THE OFFICIAL HEADQUARTERS HOTEL OF AFFI-CON 2018? PLEASE BE INFORMED THAT YOU WILL BE ASSESSED \$200 ON YOUR REGISTRATION FEE IF YOU ARE NOT STAYING IN THE OFFICIAL AFFI-CON 2018 HOUSING BLOCK AT THE COSMOPOLITAN.

YES

NO

DO YOU HAVE DIETARY RESTRICTIONS? PLEASE EXPLAIN.

CHECK ONE COMPANY CLASSIFICATION – REQUIRED

- | | |
|---|---|
| <input type="checkbox"/> Broker | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Buying Group | <input type="checkbox"/> Press |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Processor/Manufacturer |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Foodservice Operator | <input type="checkbox"/> Sales Agent |
| <input type="checkbox"/> Government | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Guest | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Import/Export | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Wholesaler |

AFFI MEMBER:

- | | | |
|--|--|--|
| <input type="checkbox"/> EARLY BIRD: \$600 | <input type="checkbox"/> REGULAR: \$750
12/2/17-2/16/18 | <input type="checkbox"/> LATE: \$850
2/17/18-onsite |
|--|--|--|

AFFI FOODSERVICE/ RETAIL MEMBER:

- | | | |
|--|--|--|
| <input type="checkbox"/> EARLY BIRD: \$250 | <input type="checkbox"/> REGULAR: \$400
12/2/17-2/16/18 | <input type="checkbox"/> LATE: \$550
2/17/18-onsite |
|--|--|--|

FIRST TIMER (member and non-member):

- | | |
|--|--|
| <input type="checkbox"/> REGULAR: \$550
10/9/18-2/16/18 | <input type="checkbox"/> LATE: \$700
2/17/18-onsite |
|--|--|

NON-MEMBER:

- | | | |
|--|--|--|
| <input type="checkbox"/> EARLY BIRD: \$1,250 | <input type="checkbox"/> REGULAR: \$1,500
11/2/17-2/16/18 | <input type="checkbox"/> LATE: \$1,750
2/17/18-onsite |
|--|--|--|

GUEST: (not an industry representative)

- \$100

TOTAL:

PAYMENT INFORMATION

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT.

- CHECK ENCLOSED
PAYABLE TO AFFI FROZEN FOOD CONVENTION
- VISA MASTERCARD AMERICAN EXPRESS

NAME (AS IT APPEARS ON CARD)

EXPIRATION DATE

SECURITY CODE

ACCOUNT NUMBER

BILLING ADDRESS

BILLING ADDRESS 2

SIGNATURE