

31st Annual National CACFP Conference

Registration Form

April 18-20, 2017

Conference Registrant

Please complete BOTH front and back sides of the registration form.

× Continental Breakfast will be served **×**
on Tuesday & Wednesday.

You're on your own at lunch with time for an outdoor break. Choose from one of many seaside eateries just steps outside the Hyatt.

First Name: _____

Last Name: _____

Agency: _____

Email: _____

Registration fee deadlines are based on payment received date.

ADVANCE Until December 15, 2016

National CACFP Conference Registration

NATIONAL CACFP SPONSORS ASSOCIATION MEMBERS

\$225.00 NCA Member

NON MEMBERS

\$350.00 Non Member

OPTIONAL: PRECONFERENCE TRAINING CHOOSE ONLY ONE

- 8:00 AM - 12:00 PM Healthy Out-of-School Time Movement & CACFP
- 8:00 AM - 12:00 PM Serving Summer Meals
- 8:00 AM - 12:00 PM Show Me the Money: Budget Approval Process
- 8:00 AM - 12:00 PM Farm to Preschool
- 7:30 AM - 4:00 PM CACFP New Meal Pattern Implementation Training

- \$75.00 NCA Member
- \$75.00 NCA Member
- \$75.00 NCA Member
- \$75.00 NCA Member
- \$125.00 NCA Member

- \$125.00 Non Member
- \$125.00 Non Member
- \$125.00 Non Member
- \$125.00 Non Member
- \$175.00 Non Member

EARLY Until February 15, 2017

National CACFP Conference Registration

NATIONAL CACFP SPONSORS ASSOCIATION MEMBERS

\$300.00 NCA Member

NON MEMBERS

\$425.00 Non Member

OPTIONAL: PRECONFERENCE TRAINING CHOOSE ONLY ONE

- 8:00 AM - 12:00 PM Healthy Out-of-School Time Movement & CACFP
- 8:00 AM - 12:00 PM Serving Summer Meals
- 8:00 AM - 12:00 PM Show Me the Money: Budget Approval Process
- 8:00 AM - 12:00 PM Farm to Preschool
- 7:30 AM - 4:00 PM CACFP New Meal Pattern Implementation Training

- \$100.00 NCA Member
- \$100.00 NCA Member
- \$100.00 NCA Member
- \$100.00 NCA Member
- \$150.00 NCA Member

- \$150.00 Non Member
- \$150.00 Non Member
- \$150.00 Non Member
- \$150.00 Non Member
- \$200.00 Non Member

STANDARD Until April 1, 2017

National CACFP Conference Registration

NATIONAL CACFP SPONSORS ASSOCIATION MEMBERS

\$375.00 NCA Member

NON MEMBERS

\$500.00 Non Member

OPTIONAL: PRECONFERENCE TRAINING CHOOSE ONLY ONE

- 8:00 AM - 12:00 PM Healthy Out-of-School Time Movement & CACFP
- 8:00 AM - 12:00 PM Serving Summer Meals
- 8:00 AM - 12:00 PM Show Me the Money: Budget Approval Process
- 8:00 AM - 12:00 PM Farm to Preschool
- 7:30 AM - 4:00 PM CACFP New Meal Pattern Implementation Training

- \$125.00 NCA Member
- \$125.00 NCA Member
- \$125.00 NCA Member
- \$125.00 NCA Member
- \$175.00 NCA Member

- \$175.00 Non Member
- \$175.00 Non Member
- \$175.00 Non Member
- \$175.00 Non Member
- \$225.00 Non Member

LATE After April 1, 2017

National CACFP Conference Registration

NATIONAL CACFP SPONSORS ASSOCIATION MEMBERS

\$450.00 NCA Member

NON MEMBERS

\$575.00 Non Member

OPTIONAL: PRECONFERENCE TRAINING CHOOSE ONLY ONE

- 8:00 AM - 12:00 PM Healthy Out-of-School Time Movement & CACFP
- 8:00 AM - 12:00 PM Serving Summer Meals
- 8:00 AM - 12:00 PM Show Me the Money: Budget Approval Process
- 8:00 AM - 12:00 PM Farm to Preschool
- 7:30 AM - 4:00 PM CACFP New Meal Pattern Implementation Training

- \$150.00 NCA Member
- \$150.00 NCA Member
- \$150.00 NCA Member
- \$150.00 NCA Member
- \$200.00 NCA Member

- \$200.00 Non Member
- \$200.00 Non Member
- \$200.00 Non Member
- \$200.00 Non Member
- \$250.00 Non Member

Not yet a member organization of the National CACFP Sponsors Association?
Join today to receive conference discounts for all agency staff.

Total Due \$ _____

NO REFUNDS for cancellations. However, agencies may transfer registration to another individual within their organization.

31st Annual National CACFP Conference Payment Form

When registering multiple people from the same organization, you need complete this form only once.
Please complete both front and back sides of the conference registration form and ALL fields below.

Agency Name: _____

Agency Contact First Name: _____

Agency Contact Last Name: _____

Agency Contact Job Title: _____

Agency Mailing Address: _____

Agency City, State, Zip: _____

Agency Phone: _____ Agency FAX Number: _____

MEMBER ORGANIZATION? YES NO To add a membership, complete the section below.

- Agency Type:
- | | | |
|--|---|---|
| <input type="radio"/> Family Child Care Sponsor | <input type="radio"/> At-Risk/Afterschool | <input type="radio"/> Food Bank |
| <input type="radio"/> Non-Profit Sponsor of Unaffiliated Centers | <input type="radio"/> State Agency | <input type="radio"/> Community Partner |
| <input type="radio"/> For-Profit Sponsor of Affiliated Centers | <input type="radio"/> Federal Agency | <input type="radio"/> Commercial Supplier |
| <input type="radio"/> Head Start | <input type="radio"/> Summer Food Program | <input type="radio"/> Resource and Referral |
| <input type="radio"/> Adult Care | <input type="radio"/> Emergency Shelters | <input type="radio"/> Tribal Nation |



PAYMENT

 **Registration fee deadlines are based on payment received date.**

Check # _____ PO# _____ (State Agency Only)*

*Purchase Orders will be accepted with credit card guarantee.
Registrations with a balance due on April 18, 2017 will be charged.

Credit Card Number: _____

Expiration: _____ Security Code: _____ Zip Code: _____

Card Holder Name: _____

Card Holder Signature _____
please sign



National CACFP Sponsors Association Federal ID Number: 36-3690687.

FAX Credit Card Orders To: 512-519-1704

MAIL Check To: **NCA Conference Registrations**
PO Box 1748
Round Rock, Texas 78680

Make Check Payable To: **National CACFP Sponsors Association**

FY2017 National CACFP Sponsors Association Membership Application (October 2016- September 2017)

Primary Contact: _____

Would you like your agency contact information available on our website for providers seeking sponsors? Yes No

Website Address: _____ Are you a multi-funded Agency? Yes No

Number of enrolled Home Providers: _____ Number of children served: _____

Number of enrolled Centers: _____ Number of children served: _____

Annual Membership Dues are \$150 per agency. Check # _____ Charge Card Above

