

STEP 1 First Conference Attendee Information

Please print or type

First Name _____ M _____ Last Name _____

Title/Position _____

Phone _____ Email _____

STEP 2 Conference Registration

SELECT RATE	NCA Agency Member Rates	Non-Member Rates
Advanced <i>Until December 15th</i>	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$350.00
Early <i>Until February 15th</i>	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$425.00
Standard <i>Until March 15th</i>	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$500.00
Late <i>Until April 15th</i>	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$575.00
Onsite <i>After April 15th</i>	<input type="checkbox"/> \$525.00	<input type="checkbox"/> \$650.00

STEP 3 Preconference Training Academy

Preconference Training Academy registration fees are separate and in addition to the annual conference registration fees. Select only one per session below:

Monday, April 22nd, 1:00 pm - 5:00 pm

Show Me the Money

Tuesday, April 23rd, 8:00 am - 12:00 pm

- | | |
|--|--|
| <input type="checkbox"/> CACFP 101: Afterschool Meals | <input type="checkbox"/> Summer Foods |
| <input type="checkbox"/> CACFP 101: Homes and Centers | <input type="checkbox"/> Healthy Kids, Healthy Future |
| <input type="checkbox"/> Head Start Success | <input type="checkbox"/> Train-the-Trainer |
| <input type="checkbox"/> Thirty on Thursdays LIVE: New Meal Pattern Training | <input type="checkbox"/> Motivation, Communication and Training: Lessons from a Wizard |

SELECT RATE (PER SESSION)	NCA Agency Member Rates (per session)	Non-Member Rates (per session)
Advanced <i>Until December 15th</i>	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$125.00
Early <i>Until February 15th</i>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$150.00
Standard <i>Until March 15th</i>	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$175.00
Late <i>Until April 15th</i>	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$200.00
Onsite <i>After April 15th</i>	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$225.00

STEP 4 Learning Excursion

Space is limited, choose only one per session.

Monday, April 22nd, 2:00 pm - 6:00 pm

Afterschool Meals and Summer Foods in Chicago Public Schools \$25.00

Monday, April 22nd, 2:00 pm - 6:00 pm

Farm to Table in Action at The Day Nursery \$25.00

STEP 5 TOTAL FEES

CONFERENCE REGISTRATION	\$
PRECONFERENCE TRAINING ACADEMY (per session)	\$
LEARNING EXCURSION	\$
FIRST ATTENDEE TOTAL DUE	\$

STEP 6 Agency Information

When registering multiple people from the same organization, you only need to complete this section once. Please print or type.

Agency/Organization Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Do you have an NCA Agency Membership? Yes No
No? Join today to receive conference discounts for all agency staff. Apply below.

Agency Type:

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

STEP 7 Payment Method

- PAY BY CHECK:** Make payable to National CACFP Sponsors Association
- PAY BY CREDIT CARD:** AMEX Discover Mastercard Visa

Name on Card _____

Card Number _____ Expiration Date / Security Code _____

Signature _____

→ GRAND TOTAL DUE \$

Registration fee deadlines are based on payment received date.

Register **ONLINE** at www.cacfp.org/conference or complete this registration form, scan then **EMAIL** to conference@cacfp.org. You may also **FAX** this form to 512.519.1704 or **MAIL** to: National CACFP Sponsors Association, PO Box 1748, Round Rock, TX, 78680.

National CACFP Sponsors Association Federal ID: 36-3690687

NO REFUNDS FOR CANCELLATIONS. However, agencies may transfer registration to another individual within their organization.

CONFIRMATIONS with additional events will be sent via email from conference@cacfp.org.

QUESTIONS? Call 512-850-8278 or email conference@cacfp.org

FY2019 NCA Agency Member Application (Oct. 2018 - Sept. 2019)

Primary Contact *First/Last Name* _____

Job Title _____ Email _____

Website _____

ANNUAL MEMBERSHIP DUES ARE \$150.00 PER AGENCY

CHECK NUMBER _____ CHARGE CARD ABOVE



33rd Annual National Child Nutrition Conference

ADDITIONAL ATTENDEES

STEP 1 Second Conference Attendee Information

Please print or type

First Name _____ M _____ Last Name _____

Title/Position _____

Phone _____ Email _____

STEP 1 Third Conference Attendee Information

Please print or type

First Name _____ M _____ Last Name _____

Title/Position _____

Phone _____ Email _____

STEP 2 Conference Registration

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STEP 5 TOTAL FEES

CONFERENCE REGISTRATION	\$
PRECONFERENCE TRAINING ACADEMY (per session)	\$
LEARNING EXCURSION	\$
SECOND ATTENDEE TOTAL DUE	\$

STEP 5 TOTAL FEES

CONFERENCE REGISTRATION	\$
PRECONFERENCE TRAINING ACADEMY (per session)	\$
LEARNING EXCURSION	\$
THIRD ATTENDEE TOTAL DUE	\$