# 30th Annual National CACFP Conference Registration Form

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

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<th>First Name:</th>
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### FRIDAY BOXED LUNCH SELECTION CHOOSE ONLY ONE

Attendees who do not make a selection will be given Turkey.

- Turkey BLT
- Ham
- Roast Beef
- Vegetarian Wrap

Registration fee deadlines are based on payment received date.

### EARLY Until February 15, 2016

#### CONFERENCE REGISTRATION CHOOSE ONLY ONE

- National CACFP Conference Registration
- National CACFP Conference Registration w/National Professionals Association
  - (state agency, regional, federal office staff only)

#### OPTIONAL: PRECONFERENCE TRAINING CHOOSE ONLY ONE

- Family Child Care Fundamentals 101: Wellness, Shopping, Safety, Nutrition
- Family Child Care Fundamentals 102: MealTime, Allergies, Infants, Nutrition
- Show Me the Money: Getting Through the Budget Approval Process
- Operation: Summer Food Service

#### OPTIONAL: 30th ANNIVERSARY CELEBRATION RECEPTION

### STANDARD February 15-April 1, 2016

#### CONFERENCE REGISTRATION CHOOSE ONLY ONE

- National CACFP Conference Registration
- National CACFP Conference Registration w/National Professionals Association
  - (state agency, regional, federal office staff only)

#### OPTIONAL: PRECONFERENCE TRAINING CHOOSE ONLY ONE

- Family Child Care Fundamentals 101: Wellness, Shopping, Safety, Nutrition
- Family Child Care Fundamentals 102: MealTime, Allergies, Infants, Nutrition
- Show Me the Money: Getting Through the Budget Approval Process
- Operation: Summer Food Service

#### OPTIONAL: 30th ANNIVERSARY CELEBRATION RECEPTION

### LATE After April 1, 2016

#### CONFERENCE REGISTRATION CHOOSE ONLY ONE

- National CACFP Conference Registration
- National CACFP Conference Registration w/National Professionals Association
  - (state agency, regional, federal office staff only)

#### OPTIONAL: PRECONFERENCE TRAINING CHOOSE ONLY ONE

- Family Child Care Fundamentals 101: Wellness, Shopping, Safety, Nutrition
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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.
Payment Information

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.

PAYMENT

Check #______________            PO# ______________
Credit Card Number: __________________________________
Card Holder Name: ______________________________________________________
Card Holder Signature ____________________________________________________

National CACFP Sponsors Association Federal ID Number: 36-3690687.
FAX Credit Card Orders To: 512-519-1704
MAIL Check To: Conference Registrations
Make Check Payable To: National CACFP Sponsors Association
PO Box 28487
Austin, Texas 78755-8487

PAYMENT

Registration fee deadlines are based on payment received date.

Check #______________            PO# ______________ (State Agency Only)*
Credit Card Number: __________________________________
Card Holder Name: ______________________________________________________
Card Holder Signature ____________________________________________________

*Purchase Orders will be accepted with credit card guarantee. Registrations with a balance due on April 22, 2016 will be charged.

www.cacfp.org
512.850.8278

FY2016 National CACFP Sponsors Association Membership Application (October 2015- September 2016)

*Agency Contact Person’s Email Address: ________________________________
Password (for Members Only Login): ________________________________

Agency Type: □ Family Child Care Sponsor □ At-Risk/Afterschool
□ Non-Profit Sponsor of Unaffiliated Centers □ State Agency
□ For-Profit Sponsor of Affiliated Centers □ Federal Agency
□ Head Start □ Summer Food Program
□ Adult Day Care □ Emergency Shelters
□ Association □ Community Partner
□ Commercial Supplier □ Resource and Referral

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 $100 per agency. Check # __________  □ Charge Card Above