

## 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
<b>Advanced</b> <i>Until December 15th</i>	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$350.00
<b>Early</b> <i>Until February 15th</i>	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$425.00
<b>Standard</b> <i>Until March 15th</i>	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$500.00
<b>Late</b> <i>Until April 15th</i>	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$575.00
<b>Onsite</b> <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)
<b>Advanced</b> <i>Until December 15th</i>	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$125.00
<b>Early</b> <i>Until February 15th</i>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$150.00
<b>Standard</b> <i>Until March 15th</i>	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$175.00
<b>Late</b> <i>Until April 15th</i>	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$200.00
<b>Onsite</b> <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

## STEP 5 TOTAL FEES

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

## 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](http://www.cacfp.org/conference) or complete this registration form, scan then **EMAIL** to [conference@cacfp.org](mailto: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](mailto:conference@cacfp.org).

**QUESTIONS?** Call 512-850-8278 or email [conference@cacfp.org](mailto: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



# 33<sup>rd</sup> 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

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<b>PRECONFERENCE TRAINING ACADEMY</b> (per session)	\$
<b>LEARNING EXCURSION</b>	\$
<b>SECOND ATTENDEE TOTAL DUE</b>	\$

## STEP 5 TOTAL FEES

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