

CHILD NUTRITION VIRTUAL SUMMIT

Registration

Attendee Registration Information

First Name Last Name

Title/Position

Phone Email

First Name Last Name

Title/Position

Phone Email

First Name Last Name

Title/Position

Phone Email

First Name Last Name

Title/Position

Phone Email



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

www.cacfp.org/summit

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

Agency Type:

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

Total Due

\$149 Registration Fee (x) _____ = _____
Attendees Total Due

Reminder: No Refunds

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 Billing Email Address

FAX: 512.519.1704

MAIL: National CACFP Sponsors Association,
PO Box 1748, Round Rock, TX, 78680