

International Membership & FNCE Registration

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right. Academy of Nutrition
and Dietetics



DEADLINE for this Promotion: September 8, 2017

Thank you for your interest in joining the Academy of Nutrition and Dietetics and registering to attend the Food & Nutrition Conference & Expo™ 2017 (FNCE®).

The conference will be held in Chicago, IL October 21—24, 2017.

International Membership

If you received your formal education and training as a food, nutrition and dietetics professional outside the United States, or, are a student currently enrolled in a formal food, nutrition and dietetics education/training program outside the United States you can apply for International/International Student membership in the Academy of Nutrition and Dietetics. An application is attached. Please complete and submit. The International Member Verification (page 2) is required. Your International membership application cannot be approved and processed without the International Member Verification section completed.

If you meet the qualifications for International/International Student membership, your membership will be processed using the credit card information provided on the attached application. Your credit card will be charged \$150.00 US for your Academy International membership (\$80.00 US for International Student).

FNCE Registration

After your International/International Student membership has been approved and processed you will be eligible to register for FNCE at the member rate. FNCE registration is available on pages 3—5 of the attached application. Please complete and submit.

Your credit card will be charged a second time for \$375.00 US to cover your FNCE registration fee.

You can find more information about the FNCE® 2017 program, including housing information and descriptions of various special events, at www.eatrightfnce.org/FNCE. To access the Housing information click on the 'For Attendees' tab, then 'Housing & Travel.' FNCE® 2017 Housing is now open – so be sure to book as soon as possible.

Submit completed Membership Application, International Verification, FNCE Registration Form, FNCE Liability and Photography Waiver Form, and credit card payment information. (5 pages)

- **Fax to +1.312/899-4812**
- **e-mail as a scanned document (PDF format preferred) to membeship@eatright.org**
- **mail to Academy of Nutrition and Dietetics
Attention: Membership Team
120 South Riverside Plaza Suite 2190
Chicago IL 60606-6995
USA**

If you should have any questions on your membership or your FNCE® registration, please contact us at +1-312/899-0040 Ext 5000, Monday – Friday from 8:00 a.m. to 5:00 p.m. Central Time.

**The total amount due for your Academy International membership and Full FNCE registration is \$525 US (\$455 US for International Student).

**International Membership & FNCE Registration Form
Membership Application—Page 1 (1 of 5)**

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MEMBERSHIP APPLICATION — PLEASE PRINT:

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Primary Phone _____ Academy/Member Number (if you are a returning member) _____
(circle one: Home Business Mobile)

Primary E-mail _____
By providing my e-mail, I consent to receive any e-mails that the Academy and its related organizations (state affiliates, dietetic practice groups, member interest groups) may elect to send.

For your membership and/or credential security, date of birth and mother's maiden name are required and will be used for identification verification.

Date of Birth _____ Mother's Maiden Name _____
(MM/DD/YYYY)

International Membership (select one and enter dues amount on International Membership line below)

- International Member \$150.00 (US)** Available to any individual who has completed formal training in food, nutrition or dietetics received outside the United States and US Territories, verified by the country's professional dietetics association and/or national regulatory body.
- International Student \$80.00 (US)** Available to any individual who is a student enrolled in a food, nutrition or dietetics educational program outside the United States which is not a US regionally accredited institution and is not accredited by ACEND. This classification carries a six-year limit.

State Affiliate Designation You may select one state affiliate dietetic association. If no selection is made, you will be assigned to the state affiliate corresponding to address of record. Those with foreign or APO/FPO addresses who do not select an affiliate will be assigned the American Overseas Dietetic Association (AODA). **Indicate state affiliation** _____

Did someone recommend Academy membership to you? Educator Practitioner Publication Website

Indicate his/her name, city and state or publication name: _____

International Membership Verification Requirements

- A completed International Verification Form (page 2 of this application) is required.
- Applications for membership cannot be processed without a completed International Verification Form.
- If International the International Verification Form is not submitted within 30 days of application, or, if you do not qualify for Academy membership, the Academy will cancel the application and refund the payment.

Privileges and Other Membership Information

- International Members and International Student Members may be members of committees and attend meetings.
- International Members shall be entitled to vote and are eligible to hold elected office at the affiliate level.
- International Student members shall be able to vote at the affiliate level but shall not have a right to hold elected offices at the national and affiliate levels.
- The Academy's membership year is June 1—May 31. Academy Membership will begin upon receipt/processing and will expire May 31, 2018.



Registration

All applicants must also complete the FNCE registration information housed on pages 3-4 on this application.

METHOD OF PAYMENT

Payments accepted in US dollars only.

Submit completed Membership Application, International Verification Form, FNCE Registration Form, FNCE Liability and Photography Waiver Form, and credit card payment information via **Fax to +1.312/899-4812** or **e-mail as a scanned document (PDF format preferred) to membership@eatright.org**. Please direct questions regarding to the application process to +1-312/899-0040 Ext 5000 (Mon—Fri 8 AM—5 PM Central).

Credit Card American Express Discover MasterCard Visa

Credit Card No: _____

Expiration (mo / year): ____ / ____ Daytime Telephone: _____

Signature : _____
(required to process credit card payment)

International Membership (see above): \$ _____ US

FNCE Registration Fee: \$ 375.00 US

Pay This Total Amount:
(International Membership + FNCE Registration) \$ _____ US

Promotion Code: **INTLMEM**

Don't forget to complete and submit all 5 pages ►

International Membership Verification

(select one)

- A. International Member**—Available to any individual who has completed formal training in food, nutrition or dietetics received outside the United States and US Territories, verified by the country's professional dietetics association or national regulatory body.
- B. International Student**—Available to any individual who is a student enrolled in a food, nutrition or dietetics educational program outside the United States which is not a US regionally accredited institution and is not accredited by ACEND. This classification carries a six-year limit.

I verify that the following individual _____
(Last /Family Name, First Name, Middle Name)

who resides in (City) _____ (State/Province) _____ (Country) _____

- has completed formal training in food, nutrition or dietetics in
- or-**
- is currently enrolled in a food, nutrition or dietetics education program in

(Country Name) _____

A. International Member

B. International Student

Name of National Regulatory Body
or National Dietetic Association

Name of Dietetics Education Program

Signature of Authorized Representative

Signature of Authorized Representative

Name (please print)

Name (please print)

Title

Title

Date (Month/Day/Year)

Date (Month/Day/Year)

Optional Demographic Information Responses are not used when processing applications. Although your response to any or all of the following is optional the Academy uses this information to tailor programs and services to meet your needs.

Gender: Female Male

Ethnicity: Hispanic or Latino (If you are not Hispanic or Latino or prefer not to answer the question, please identify your race by checking one of the boxes below.)

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander
 White Two or more races Prefer not to identify

The Academy is an equal opportunity organization.

All applicants must read and agree to the Academy Code of Ethics statements below:

- By checking this box, I agree to abide by the Code of Ethics for the Profession of Dietetics, the Academy Bylaws and regulations, and to hold harmless the Academy, its members and employees for their activities in enforcing them. I also consent to receive any faxes or e-mails that the Academy and its related organizations (affiliates, DPGs and MIGs) may elect to send to me.
- I certify that the information presented in this application is accurate to the best of my knowledge. The Academy has the right to verify the information presented and I understand that any information on this application that is falsified is in violation of the Code of Ethics for the Profession of Dietetics. I also understand the Academy reserves the right to revoke my membership if I am found to be in violation of the Code of Ethics for the Profession of Dietetics. To view the complete Academy Code of Ethics, visit www.eatrightPRO.org.
- I understand that neither the Academy logo nor any statement regarding Academy affiliation can be used on products, programs, services, or marketing or other promotional materials (print or electronic).

Signature (Required) _____ Date (month/day/year) _____



FNCE Badge & Mailing Information

Academy/Member Number (if you are a returning member) _____ Preferred Nickname (to appear on badge) _____
Formal Name _____ Last Name _____
Professional Suffix _____ Twitter username _____
(if you have a twitter.com account)
Position Title _____
Place of Employment or University _____ NPI Number _____

Please indicate below which of the following information you DO NOT want published for the exhibitor list and label orders.
The Academy will never publish your on-site cell phone number.
(Check all that apply):

- All Email Address Mailing Address Phone Number Fax Number

Address _____

City _____ State _____ Zip/Postal Code _____ Country _____
Daytime Phone _____ Fax Number _____
On-site Cell Phone _____ E-mail address _____

Special Needs

If you have a disability and require special assistance, please check the appropriate box below.

- Hearing Mobile Visual Other (please specify _____)

Emergency Contact Information

In case of emergency during FNCE®, please contact:

First Name _____ Last Name _____
Relation to attendee _____
Position Title _____
Day-time phone _____ Mobile / Day-time Phone _____

Dietary Profile

Please Note: Meals are not included during FNCE®. This information may be shared with groups hosting private events.

- Celiac Gluten Free Hala Kosher Lactose Intolerant
 Nut Allergy Shellfish Allergy Vegan Vegetarian
 Other (please specify): _____



Is this your first Food & Nutrition Conference & Expo™?

- Yes No

What was your ultimate deciding factor in registering for FNCE 2017® in Chicago?

- To visit the Expo/exhibits To earn Continuing Professional Education (CPE) credits For networking
 To present my research/hear my colleagues research Interest in visiting the host city It was held locally
 For professional/career development Required due to Academy leadership/committee/DPG or MIG
 Required or encouraged by my employer or school

Primary Area of Practice or Employment

Information will be placed on your badge and provided to exhibitors (Please check ONE box ONLY)

- Clinical/Ambulatory Care Center College or University – Educator/Faculty College or University – Foodservice
 Community/Public Health Program Consultant – Consumers Consultant – Corporate Consultant – Healthcare Facility
 Diabetes Educator Extended Care Facility Food Manufacturer/Distributor
 Government Healthcare Foodservice Healthcare Provider Home Health Care
 Hospital – Inpatient/Acute Care Other For-Profit Organization Other Non-Profit Organization
 Private Practice Research Student/Intern School Faculty (K-12)
 School Foodservice (K-12) Supermarket/Retail Other (please specify): _____



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PLEASE READ and SIGN the below waiver and return as soon as possible. Thank You.

LIABILITY AND PHOTOGRAPHY WAIVER

I agree and acknowledge that my participation in various Academy of Nutrition and Dietetics Food & Nutrition Conference & Expo ("FNCE®") events may give rise to occasional instances of loss or injury. Except to the extent that such instances may result from the negligence or misconduct of the Academy, I hereby waive and release any claims that I might have against the Academy and its employees, members and representatives. I understand that the Academy may, at its option, make photographs, videos or recordings of FNCE® events, which may include my likeness or participation, and reproduce them in the Academy educational, news or promotional material, whether in print, electronic or other media, including the Academy Web site(s) (www.eatright.org and www.eatrightPRO.org). By participating in the Academy's FNCE®, I hereby grant the Academy permission to make, use and distribute such items, and I waive any rights to seek payment or compensation.

Signature: _____ Date: _____

Print name: _____ ADA # _____

Submit via fax to: +1-312-899-4812

Email as attachment to: membership@eatright.org