

# Food & Nutrition Conference & Expo™ 2017

## Advance Registration Form



### 1. BADGE & MAILING INFORMATION

Member Number Preferred Nickname (to appear on badge)

Formal First Name Last Name

Professional Suffix Position Title (list "Student" if currently enrolled in school)

Place of Employment or University

NPI Number

Check this box if you do not wish to receive informational emails from FNCE® exhibitors containing information on their products or their booth activities. These emails are not Academy messages and should not be interpreted as such; however, all exhibitor emails are reviewed and approved by Academy staff RDNs before they are sent to FNCE® attendees.

Address

City State/Province Postal Code

Country Email Address

Primary Phone Number On-site Contact Number

### 2. EMERGENCY CONTACT INFORMATION

In case of emergency during FNCE®, please contact:

Name Relationship to Attendee

Primary Phone Number

### 3. SPECIAL NEEDS

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

Hearing  Mobile  Visual  Other (please specify): \_\_\_\_\_

### 4. How many times have you attended FNCE®?

This is my first FNCE  1 – 4  5 – 10  
 11 – 20  21 or more

### 5. What was your ultimate deciding factor in registering for FNCE® 2017 in Chicago, IL?

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

<b>FIRST NAME:</b>	<b>LAST NAME:</b>	<b>MEMBER NUMBER:</b>
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### 6. PRIMARY AREA OF EMPLOYMENT

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

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

### 7. AREAS OF PRACTICE

*Check all that apply*

<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Clinical Nutrition	<input type="checkbox"/> Communication/Publication
<input type="checkbox"/> Community Nutrition	<input type="checkbox"/> Consultation and Private Practice	<input type="checkbox"/> Culinary
<input type="checkbox"/> Diabetes Care	<input type="checkbox"/> Education	<input type="checkbox"/> Food & Nutrition Management/Admin
<input type="checkbox"/> Gerontology	<input type="checkbox"/> Hunger/Environmental Nutrition	<input type="checkbox"/> Integrative/Functional Medicine
<input type="checkbox"/> Long-term Care	<input type="checkbox"/> Oncology	<input type="checkbox"/> Nutrition Support
<input type="checkbox"/> Pediatric	<input type="checkbox"/> Policy/Advocacy	<input type="checkbox"/> Renal Nutrition
<input type="checkbox"/> Research	<input type="checkbox"/> School Nutrition	<input type="checkbox"/> Sports Nutrition
<input type="checkbox"/> Student/Intern	<input type="checkbox"/> Vegetarian Nutrition	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Wellness/Prevention	<input type="checkbox"/> Other (please specify): _____	

### 8. REGISTRATION FEES - Fees are per person

CHECK YOUR MEMBERSHIP CLASSIFICATION <i>(Member dues must be paid in full to receive member rates)</i>	POSTMARKED BY 9/8/17		AFTER 9/8/17		AMOUNT DUE
	FULL WEEK	ONE DAY	FULL WEEK	ONE DAY	
Member	\$395	\$265*	\$485	\$305*	\$
Retired Member	\$235	\$210*	\$310	\$255*	\$
Student Member	\$235	\$210*	\$310	\$255*	\$
Non-member Student**	\$275**	\$240**	\$350**	\$295**	\$
Non-member	\$715	\$485*	\$785	\$520*	\$
Guest	\$105		\$120		\$
*One-day only – Please select day attending: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday					
<b>SECTION 8 SUBTOTAL:</b>					<b>\$</b>

*\*\*Non-member students – A dietetics instructor signature is REQUIRED, and you must include a copy of your student ID with registration form.*

Program Director Signature \_\_\_\_\_

Date \_\_\_\_\_

### 9. ADDITIONAL GUESTS

*Guests must be 16 years of age or older and may not be current Academy members or eligible for Academy membership. Guest fees include Opening and Closing Sessions, Member Showcase, Expo for 3 days and access to the official Academy shuttle transportation between the convention center and FNCE® hotels. A name badge is required for admittance to the above activities. Guests cannot attend educational sessions or earn CPEs.*

FIRST NAME	LAST NAME	POSTMARKED BY 9/8/17	AFTER 9/8/17	AMOUNT DUE
<b>1</b>		\$105	\$120	\$
<b>2</b>		\$105	\$120	\$
<b>SECTION 9 SUBTOTAL:</b>				<b>\$</b>

## 10. EXCURSIONS

Not included in registration fee. Enrollment is limited and on a first come, first served basis.

CHOICE	WORKSHOP TITLE	DATE	MEMBER	NON-MEMBER	AMOUNT DUE
<input type="checkbox"/> E1	Innovations in Education: Utilizing Dietetic Simulation for Clinical Experience	Saturday, October 21 10:00 a.m. – 3:15 p.m.	\$129	\$159	\$
<input type="checkbox"/> E2	FNCE Iron Chef: The RDN Culinary Battle Royale	Saturday, October 21 11:00 a.m. – 3:00 p.m.	\$179	\$199	\$
<b>SECTION 10 SUBTOTAL:</b>					<b>\$</b>

## 11. ACADEMY OF NUTRITION AND DIETETICS FOUNDATION EVENTS

Not included in registration fee. Enrollment is limited and on a first come, first served basis.

CHOICE	EVENT TITLE	COST PER TICKET (ticket sales will be donated to the Foundation)	# TICKETS	AMOUNT DUE
<b>FOUNDATION EVENTS</b>				
<input type="checkbox"/> F1	The Academy Foundation's First Party of the Second Century Monday, October 23, 8:00 – 10:00 p.m. <i>Location: Crystal Garden, Navy Pier</i>	\$100		
<input type="checkbox"/> F6	Academy Foundation Nutrition Symposium - Modern Day Human Magnesium (Mg) Requirements: Should Supplements Be Recommended? Sponsored by Nature Made Saturday, October 21, 11:30 a.m.-1:30 p.m. <i>Location: McCormick Place West</i>	\$10		
<input type="checkbox"/> F7	Foundation Nutrition Symposium - Mindful Portions Start with You: Help Inspire Healthy Behaviors! Sponsored by Nestle Saturday, October 21, 1:30-3:30 p.m. <i>Location: McCormick Place West</i>	\$10		
<b>ADDITIONAL ITEMS</b>				
CHOICE	EVENT TITLE	COST PER ITEM	# ITEMS	AMOUNT DUE
<input type="checkbox"/> F2	Limited Edition Second Century Tote Bag	\$20		\$
<b>SECTION 11 SUBTOTAL:</b>				<b>\$</b>

## 12. FOOD BANK CONTRIBUTION | STUDENT STIPEND CHALLENGE | ACADEMY FOUNDATION DONATION | ANDPAC DONATION

Would you like to contribute to a Chicago area Food Bank?	<input type="checkbox"/> YES, my tax deductible donation is:	
Would you like to help a student attend FNCE®? <i>Donations of \$100 or more will be listed in the FNCE® program book</i>	<input type="checkbox"/> YES, my tax deductible donation is:	
Would you like to help the Academy Foundation continue its mission in advancing public health and nutrition utilizing the expertise of Registered Dietitians?	<input type="checkbox"/> YES, my tax deductible donation is:	
Would you like to help the Academy achieve its public policy goals by giving to ANDPAC – your professional political action committee? <i>All ANDPAC donations are voluntary and are non-tax deductible. Federal law prohibits PACs from accepting corporate money.</i>		
<b>DONATION AMOUNT</b>	<input type="checkbox"/> \$25 <input type="checkbox"/> \$36.50 (a dime a day) <input type="checkbox"/> \$52 (\$1 a week) <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	
<b>SECTION 12 SUBTOTAL:</b>		<b>\$</b>
<b>GRAND TOTAL DUE:</b>		

### 13. TERMS AND CONDITIONS

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#### 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 ([www.eatright.org](http://www.eatright.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.

The Academy of Nutrition and Dietetics cannot assume any liability for adverse reactions to food consumed, items, or other individuals one may come in contact with while visiting the FNCE® Exhibit Hall and FNCE® related activities. Please inform the exhibiting company and/or service staff if you have any food/dietary allergies. They will make every effort to identify ingredients that may cause allergic reactions for those individuals with food allergies. Because of the number of different samples and meals served throughout the FNCE® Exhibit Hall and various FNCE® activities, as well as the number of ingredients used, it cannot be guaranteed that every allergen in the food served will be identified and labeled. Consumers that are concerned with food allergies need to be aware of this risk.

#### CANCELLATION AND REFUND POLICY:

**WRITTEN REQUESTS FOR CANCELLATION OR REFUNDS MUST BE POSTMARKED ON OR BEFORE SEPTEMBER 22, 2017.**

Registrations will be refunded less a \$75 processing fee. If you are on the Installment Plan, this processing Fee will be the non-refundable \$100 initial payment. Workshops and Excursions will be refunded less a \$50 processing fee. Refunds will not be granted for any Foundation Events but instead will be considered a donation to the Academy Foundation. **Cancellation requests received after the Cancellation Deadline of September 22, 2017 will NOT receive a refund.**

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Signature

Today's Date

### 14. PAYMENT INFORMATION

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Check (US Funds)     American Express     Discover     MasterCard     VISA

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Credit Card Number

Expiration Date

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Name of Cardholder

Today's Date

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Cardholder Signature

**Three Easy Ways to Register:**

**1. ONLINE**    [www.eatright.org/fnce](http://www.eatright.org/fnce)

**2. FAX**    708/344-4444

**3. MAIL**

Make checks payable to:  
*Academy of Nutrition and Dietetics* and send to:  
c/o CompuSystems Inc.  
2651 Warrenville Rd., St. 400  
Downers Grove, IL 60515

#### QUESTIONS?

Call the Academy's FNCE® Registration Desk at 855/326-4469 (toll free) or 224/563-3112. Sorry, phone registrations cannot be accepted.