

# Food & Nutrition Conference & Expo™ 2018

## Advance Registration Form

eat right Academy of Nutrition and Dietetics

# FNCE® 2018

Food & Nutrition Conference & Expo

Washington, D.C. | October 20-23

### 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

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® 2018 in Washington, DC?

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

## 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"/> Vegetarian Nutrition          | <input type="checkbox"/> Weight Management                 | <input type="checkbox"/> Wellness/Prevention               |
| <input type="checkbox"/> Other (please specify): _____ |  |  |

## 8. Please check the product categories you would like to see represented on the Expo Floor (Select up to 10)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bakery Products              | <input type="checkbox"/> Bars                                  | <input type="checkbox"/> Beans, Peas & Lentils               |
| <input type="checkbox"/> Beverages                    | <input type="checkbox"/> Body Composition Tools for Assessment | <input type="checkbox"/> Breastfeeding                       |
| <input type="checkbox"/> Cereals & Grains             | <input type="checkbox"/> Condiments Seasonings/Salad Dressing  | <input type="checkbox"/> Cooking Equipment                   |
| <input type="checkbox"/> Dairy                        | <input type="checkbox"/> Dairy Substitutes                     | <input type="checkbox"/> Desserts                            |
| <input type="checkbox"/> Diabetic Equipment           | <input type="checkbox"/> Diabetic Foods                        | <input type="checkbox"/> Enteral Feeding Access Devices      |
| <input type="checkbox"/> Exercise & Fitness Equipment | <input type="checkbox"/> Fats & Oils                           | <input type="checkbox"/> Fish & Seafood                      |
| <input type="checkbox"/> Foodservice                  | <input type="checkbox"/> Frozen/Refrigerated                   | <input type="checkbox"/> Functional Beverages                |
| <input type="checkbox"/> Gluten-Free                  | <input type="checkbox"/> Grocery/Retail                        | <input type="checkbox"/> Infant & Toddler Nutrition Products |
| <input type="checkbox"/> Ingredients                  | <input type="checkbox"/> Kosher                                | <input type="checkbox"/> Meal Delivery Systems               |
| <input type="checkbox"/> Meal Replacements            | <input type="checkbox"/> Meat Alternatives                     | <input type="checkbox"/> Meat & Poultry                      |
| <input type="checkbox"/> Microbiome/Gut Health        | <input type="checkbox"/> Nuts & Seeds                          | <input type="checkbox"/> Pasta                               |
| <input type="checkbox"/> Personalized Nutrition       | <input type="checkbox"/> Plant-based Products                  | <input type="checkbox"/> Restaurants                         |
| <input type="checkbox"/> Screening & Assessment Tools | <input type="checkbox"/> Snack Foods                           | <input type="checkbox"/> Specialty Diets                     |
| <input type="checkbox"/> Supplements & Vitamins       | <input type="checkbox"/> Sweeteners                            | <input type="checkbox"/> Technology & Apps                   |
| <input type="checkbox"/> Vegan                        |  |  |
| <input type="checkbox"/> Other                        | Please Specify: _____  |  |

**9. 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 9/7/18		AFTER 9/7/18		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 9 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 \_\_\_\_\_

**10. Do you plan to attend the 2018 Public Policy Workshop?**

*Please note:* PPW attendance is complimentary for full conference and Tuesday one-day FNCE® attendees. By selecting 'Yes' below you are indicating that you'd like to be registered to for PPW – **no additional registration form is required.** The Policy and Advocacy team will reach out, in the weeks ahead, with additional details.

Yes  No

If you answered 'Yes' to the above question, please indicate the state in which you are registered to vote: \_\_\_\_\_

**11. COMMUNICATION PREFERENCES**

Certain parties may want to reach out to you regarding their participation in FNCE®. Since your privacy is extremely important to us, we want you to tell us who can do so. The Academy of Nutrition and Dietetics does not utilize data collected during the registration process for any purpose other than the options listed below.

*Please select which of the following are allowed to contact you . (Select all that apply)*

- FNCE® 2018 Exhibitors
- The Academy Foundation
- Accreditation Council for Education on Nutrition and Dietetics (ACEND)
- Please do not allow any of the aforementioned entities to contact me via email or postal mail
- Food and Nutrition Magazine
- The Academy Political Action Committee
- Commission on Dietetics Registration (CDR)

**12. 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
1		\$105	\$120	\$
2		\$105	\$120	\$
<b>SECTION 12 SUBTOTAL:</b>				<b>\$</b>

### 13. ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

FOUNDATION EVENTS					
Events listed below are not included in registration fee. Enrollment is limited and on a first come, first served basis.					
OPTION ID: <small>(ADMIN USE ONLY)</small>	EVENT TITLE	COST PER TICKET <small>(ticket sales will be donated to the Foundation)</small>		# TICKETS	AMOUNT DUE
		Purchased by 09/07/18	Purchased after 09/07/18		
<input type="checkbox"/> F9	<b>Foundation Nutrition Symposium: Navigating Inflammatory Bowel Diseases Using a Nutrition Care Pathway</b> Saturday, October 20, 9:00 – 11:00 a.m. <i>Location: Walter E. Washington Convention Center</i> <i>Sponsored by the Crohn's &amp; Colitis Foundation through an educational grant from Nestlé Health Science</i>	\$10	\$10		
<input type="checkbox"/> F7	<b>Foundation Nutrition Symposium: Evidence for Clinical Indications: How do Probiotics Measure Up?</b> Saturday, October 20, 11:30 a.m. – 1:30 p.m. <i>Location: Walter E. Washington Convention Center</i> <i>Sponsored by Nature Made</i>	\$10	\$10		
<input type="checkbox"/> F10	<b>Foundation Nutrition Symposium: Behavioral Science: Understanding Your Client's Food Relationship</b> Saturday, October 20, 1:30 – 3:30 p.m. <i>Location: Walter E. Washington Convention Center</i> <i>Sponsored by Ajinomoto</i>	\$10	\$10		
<input type="checkbox"/> F1	<b>The Academy Foundation – Single Ticket</b> Monday, October 22, 8:00 – 10:00 p.m. <i>Location: Marriott Marquis DC</i>	\$110	\$120		
<input type="checkbox"/> F4	<b>The Academy Foundation Gala – Table of 10</b> Reserved Table Package (Limited availability) Includes: ❖ Ten (10) tickets ❖ Designated table placement ❖ Complimentary Bottle of wine for table ❖ Table sign	\$2,500	\$2,600		
<input type="checkbox"/> F3	I would like to sponsor a student to attend the Gala	\$110	\$120		
<input type="checkbox"/> F2	Limited Edition Foundation Tote Bag		\$20		
<b>DONATE TO THE FOUNDATION</b>					
Would you like to support the Academy Foundation's public nutrition education fund and contribute to a local food bank.					
<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250					
<b>OPTION CODES: ACFB5, ACFB10, ACFB20, ACFB35, ACFB50, ACFB100, ACFB150, ACFB200, ACFB250 (ADMIN USE ONLY)</b>					
Would you like to help a student attend FNCE®?					
<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250					
<b>OPTION CODES: SD5, SD10, SD20, SD35, SD50, SD50, SD100, SD150, SD200, SD250 (ADMIN USE ONLY)</b>					
Would you like to help the Academy Foundation continue its mission to empower current and future nutrition practitioner to optimize global health?					
<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250					
<b>OPTION CODES: AF5, AF10, AF20, AF35, AF50, AF100, AF150, AF200, AF250 (ADMIN USE ONLY)</b>					
<b>SECTION 14 SUBTOTAL:</b>					\$

## 14. ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE (ANDPAC)

ANDPAC EVENTS				
<i>Events listed below are not included in registration fee. Enrollment is limited and on a first come, first served basis. All ANDPAC donations are voluntary and are non-tax deductible. Federal law prohibits PACs from accepting corporate money.</i>				
OPTION ID: <small>(ADMIN USE ONLY)</small>	EVENT TITLE	COST PER TICKET <small>(ticket sales will be donated to ANDPAC)</small>	# TICKETS	AMOUNT DUE
<input type="checkbox"/> ANDOPEN	<b>Academy DC Office Open House and Reception</b> Saturday, October 20, 1:00 – 3:00 p.m. <i>Location: 1120 Connecticut Avenue NW, Suite 460</i>	\$50		
<input type="checkbox"/> ANDPACL	<b>ANDPAC Signature Event</b> Tuesday, October 23, 7:00 – 9:00 p.m. <i>Location: Reserve Officer's Association 1 Constitution Avenue, NW</i>	\$125		
<p>Would you like to help the Academy achieve its public policy goals by giving to ANDPAC – your professional political action committee?</p> <p> <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         </p>				
<b>OPTION CODES: ANDP25, ANDP36, ANDP52, ANDP100, ANDP250</b>				
			<b>SECTION 15 SUBTOTAL:</b>	
			<b>GRAND TOTAL DUE:</b>	

## 15. TERMS AND CONDITIONS

### PLEDGE OF PROFESSIONAL CIVILITY:

In alignment with the Academy's Pledge of Professional Civility, attendees agree to treat peers with courtesy and respect; to support productive dialogue and positive engagement; to discourage public criticism and belittling of colleagues; and to model professional conduct within social media and digital communities.

### LIABILITY AND PHOTOGRAPHY WAIVER:

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.

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.

### CANCELLATION AND REFUND POLICY:

#### **WRITTEN REQUESTS FOR CANCELLATION OR REFUNDS MUST BE POSTMARKED ON OR BEFORE SEPTEMBER 21, 2018.**

Registrations will be refunded less a \$50 processing fee. If you are on the Installment Plan, this processing Fee will be the non-refundable \$50 initial payment. Workshops and Excursions will be refunded less a \$50 processing fee. Refunds will not be granted for Foundation Events or ANDPAC Events, but instead will be considered a donation to the Academy Foundation and the Academy Political Action Committee respectively.

**Cancellation requests received after the Cancellation Deadline of September 21, 2018 will NOT receive a refund.**

Signature

Today's Date

**16. PAYMENT INFORMATION**

---

**Check (US Funds)**     **American Express**     **Discover**     **MasterCard**     **VISA**

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name of Cardholder

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
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.