

# Food & Nutrition Conference & Expo™ 2019

## Advance Registration Form

eat right Academy of Nutrition and Dietetics

# FNCE® 2019

Food & Nutrition Conference & Expo

Philadelphia, PA | October 26–29

### 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 (if you have one)

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

Mobile 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® 2019 in Philadelphia, PA?

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

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*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

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*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. COMMUNICATION PREFERENCES

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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)***

- |  |   |
|--|---|
| <input type="checkbox"/> FNCE® 2019 Exhibitors   | <input type="checkbox"/> Food and Nutrition Magazine                |
| <input type="checkbox"/> The Academy Foundation  | <input type="checkbox"/> The Academy Political Action Committee     |
| <input type="checkbox"/> Accreditation Council for Education on Nutrition and Dietetics (ACEND)                        | <input type="checkbox"/> Commission on Dietetics Registration (CDR) |
| <input type="checkbox"/> Please do not allow any of the aforementioned entities to contact me via email or postal mail |   |

**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 9/13/19		AFTER 9/13/19		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 <i>(available as an additional to full conference or one-day registrations only. Guest badges cannot be purchased a-la-carte. Friends/family only, nutrition professionals are not eligible for guest badges)</i>	\$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 faculty member signature is REQUIRED, and you must include a copy of your student ID with registration form.

Faculty Member Signature \_\_\_\_\_

Date \_\_\_\_\_

**10. GUEST(S)**

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 9/13/19	AFTER 9/13/19	AMOUNT DUE
1		\$105	\$120	\$
2		\$105	\$120	\$
<b>SECTION 10 SUBTOTAL:</b>				<b>\$</b>

**11. WORKSHOPS & EXCURSIONS**

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

CHOICE	EXCURSION TITLE	DATE	MEMBER	NON-MEMBER	AMOUNT DUE
<input type="checkbox"/> E1	La Cucina at the Market <i>(without alcohol)</i>	Saturday, October 26 10:30 a.m. – 2:00 p.m.	\$135	\$160	\$
<input type="checkbox"/> E2	La Cucina at the Market <i>(with alcohol)</i>	Sunday, October 26 5:45 p.m. – 9:00 p.m.	\$175	\$205	\$
<input type="checkbox"/> W1	Speak to Lead: Ignite and Transform your Audience	Saturday, October 26 10:30 a.m. – 3:00 p.m.	\$175	\$205	\$
<input type="checkbox"/> W2	IDDSI Hands on Workshop	Saturday, October 26 11:00 a.m. – 3:00 p.m.	\$175	\$205	\$
<b>SECTION 11 SUBTOTAL:</b>					<b>\$</b>

## 12. ACADEMY OF NUTRITION AND DIETETICS FOUNDATION

FOUNDATION EVENTS						
<i>Events listed below are not included in registration fee. Enrollment is limited and on a first come, first served basis.</i>						
EVENT TITLE	COST PER TICKET <i>(ticket sales will be donated to the Foundation)</i>		QUANTITY	AMOUNT DUE		
	PURCHASED BY 9/13/19	AFTER 9/13/19				
ADMIN USE ONLY	<b>The Academy Foundation's Gala</b> Monday, October 28 8:00 – 10:00 p.m.					
F1	<input type="checkbox"/>	Individual Ticket	\$120	\$130		
F3	<input type="checkbox"/>	Sponsor a Student Ticket	\$120	\$130		
F13	<input type="checkbox"/>	Reserved Table for 10	\$2500	\$2600		
F4	<input type="checkbox"/>	DPG and Affiliate Reserved Table for 10	\$2000	\$2100		
ADMIN USE ONLY						
F9	<input type="checkbox"/>	TBD 9:00 – 11:00 a.m.		\$10		
F10	<input type="checkbox"/>	TBD 11:30 a.m. – 1:30 p.m.		\$10		
F7	<input type="checkbox"/>	New Insights in Potential Vascular and Metabolic Health Impact of Strawberries 1:30 – 3:30 p.m.		\$10		
<b>DONATE TO THE FOUNDATION</b>						
F2	<input type="checkbox"/>	Limited Edition - Foundation Tote Bag		\$20		
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						
<i>OPTION CODES: ACFB5, ACFB10, ACFB20, ACFB35, ACFB50, ACFB100, ACFB150, ACFB200, ACFB250 (ADMIN USE ONLY)</i>						
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						
<i>OPTION CODES: SD5, SD10, SD20, SD35, SD50, SD50, SD100, SD150, SD200, SD250 (ADMIN USE ONLY)</i>						
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						
<i>OPTION CODES: AF5, AF10, AF20, AF35, AF50, AF100, AF150, AF200, AF250 (ADMIN USE ONLY)</i>						
					<b>SECTION 12 SUBTOTAL:</b>	\$

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

Would you like to help the Academy achieve its public policy goals by giving to ANDPAC – your professional political action committee?	
<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	
<i>OPTION CODES: ANDP25, ANDP36, ANDP52, ANDP100, ANDP250</i>	
<b>SECTION 13 SUBTOTAL:</b>	
<b>GRAND TOTAL DUE:</b>	

## TERMS AND CONDITIONS

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### 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:

All cancellations or requests for refunds must be postmarked on or before 9/27/19. Registrations will be refunded minus the \$50 processing fee. If a registrant is on the Installment Plan, the processing fee is in addition to the non-refundable \$50 initial payment. 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 27, 2019 will NOT receive a refund.**

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Signature

Today's Date

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### PAYMENT INFORMATION

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Check (US Funds)     American Express     Discover     MasterCard     VISA

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Credit Card Number

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Expiration Date

---

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.