

International Membership & FNCE Registration

DEADLINE for this Promotion: September 13, 2019



Thank you for your interest in joining the Academy of Nutrition and Dietetics and registering to attend the Food & Nutrition Conference & Expo™ 2019 (FNCE®).

The conference will be held in Philadelphia, PA October 26—29, 2019.

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—4 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® 2019 program, including housing information and descriptions of various special events, at eatrightfnce.org. To access the Housing information click on the 'Attend' tab, then scroll down to 'Hotel' and 'Travel.' FNCE® 2019 Housing is now open – so be sure to book as soon as possible.

Submit all completed forms; Membership Application, International Verification, Data Use Consent (*Required for individuals from the EU.*) FNCE Registration, FNCE Liability and Photography Waiver, and credit card payment information. (4 or 5 pages as appropriate)

- Fax to **+1.312.899.4812**
- e-mail as a scanned document (PDF format preferred) to **membership@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).**

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.

MEMBERSHIP APPLICATION — PLEASE PRINT:

First Name _____ Middle Initial _____ Last Name _____
 Address _____

City _____ State _____ Zip/Postal Code _____ Country ** _____
(**Individuals from the EU must also complete and submit the Data Use Consent on Page 5)

Primary Phone _____ Academy/Member Number _____
(circle one: Home Business Mobile) (If you were not a former member and do not have an Academy Number, leave this blank and an Academy Number will be assigned.)

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 International Affiliate of the Academy of Nutrition and Dietetics (IAAND). **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, 2019.



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 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)

If you are unable to obtain a signature for the International Member Verification form, email membership@eatright.org for acceptable alternate document options.

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

- By checking this box, I acknowledge that by accepting membership in the Academy, I agree to abide by the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession as amended from time to time, 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 MIGs, and Academy Groups) 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 Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession. 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 Nutrition and Dietetics Profession. To view the complete Academy/CDR 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) _____

1. FNCE Badge & Mailing Information

Academy/Member Number (if you are a returning member) _____ 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 _____ E-mail address _____

Primary Phone Number _____ On-site Contact Number _____

2. Emergency Contact Information

In case of emergency during FNCE®, please contact:

Name _____ Relation 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® 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

This 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): _____

FNCE Registration Form—Page 4 (4 of 5)
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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): _____ | |

7. 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.

- | | |
|--|--|
| <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 in Nutrition and Dietetics (ACEND) | <input type="checkbox"/> Commission on Dietetic Registration (CDR) |
| <input type="checkbox"/> Please do not allow any of the aforementioned entities to contact me via email or postal mail | |

9. 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). 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 27, 2019.

All cancellations or requests for refunds must be postmarked on or before September 27, 2019. Registrations will be refunded minus a \$50 processing fee. If you have selected the Installment Plan, the processing fee is in addition to the \$50 initial payment. Excursions will be refunded minus 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.

Signature _____ Today's Date _____

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Data Use Consent

If you are a resident of the European Union, including the United Kingdom, please fill out this section. This section ensures that the Academy has your consent for use of, and your personal management of, personal identification information within the General Data Protection Regulation of the EU, as of May 25, 2018.

Academy/CDR ID Number _____ (If you were not a former member and do not have an ID Number, leave this blank and a number will be assigned.)

First Name _____ Middle Initial _____ Last Name _____

The Academy may share or sell your collected data with vetted partners, exhibitors, and vendors to enable them to communicate with you, via email, about relevant programs and services.

Please select one of the following options:

- I **do** consent to the uses of my data described above.
 I **do not** consent to the uses of my data described above.

The Academy may also request sensitive personal data, such as race or ethnic origin, gender, or disability requirements. Such information is optional and enables the Academy to tailor information to you, provide needed services, or gather data about demographics.

Please select one of the following options:

- I **do** consent to the uses of my data described above.
 I **do not** consent to the uses of my data described above.

The Academy takes precautions to safeguard your personal information against loss, theft, and misuse, as well as unauthorized access, disclosure, alteration and destruction through use of administrative and technical security measures.

You can withdraw your consent at any time by contacting us at manageconsent@eatright.org. Otherwise, we will retain this data for up to 7 years.

For more information, please see our Privacy Notice at [LINK].