

CONFERENCE REGISTRATION FORM

30th Annual RFA Conference & Tabletop Display

INSTRUCTIONS:

To register for the RFA Conference, please complete the **front** and **back** of this form and return form with payment to Refrigerated Foods Association at 2971 Flowers Rd. S., Suite 266, Atlanta, GA 30341. Forms will not be processed without payment of appropriate fees. For more than four attendees, please copy the back of this form and attach as a separate sheet. For questions about registration, please contact the RFA Office at 770-452-0660. You can also register online at www.refrigeratedfoods.org.

COMPANY INFORMATION:

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Company Website: _____

Is your company a new member to the RFA this year? Yes No

REGISTRATION TERMS:

Registering gives RFA permission to contact you/your company via fax, mail or e-mail, with no expiration date, unless revoked in writing. It also gives RFA permission use any photographs taken during the Conference on the RFA website or in other RFA materials.

REGISTRATION FEES:

Please complete the individual attendee information on the backside of this form and calculate the appropriate registration fees for all attendees below. The Registration fee includes admission to all general sessions, scheduled breakfasts and lunches, the Tabletop Reception, and Friday evening's social event. Spouses/Guests must pay full Spouse/Guest Registration fee to attend all events. Fee will be refunded if registration is cancelled prior to December 23, 2009. Deadline for pre-registration is January 4, 2010. Registration form and fee must be received in the RFA office by Jan. 4, 2010 in order to receive the pre-registration fee discount. All fees are in USD. ****Note: Discounted rates for payments made by check!****

Pre-Registration Fee (Received ON or BEFORE January 4, 2010):

Payment by Credit Card:	Member	\$925 _____ (no.) @	\$925 = \$ _____
	Spouse/Guest	\$825 _____ (no.) @	\$825 = \$ _____
Payment by Check:	Member	\$895 _____ (no.) @	\$895 = \$ _____
	Spouse/Guest	\$795 _____ (no.) @	\$795 = \$ _____

Registration Fee (Received AFTER January 4, 2010):

Payment by Credit Card:	Member	\$1025 _____ (no.) @	\$1025 = \$ _____
	Spouse/Guest	\$925 _____ (no.) @	\$925 = \$ _____
Payment by Check:	Member	\$995 _____ (no.) @	\$995 = \$ _____
	Spouse/Guest	\$895 _____ (no.) @	\$895 = \$ _____

Non-Member Registration Fee:

Payment by Credit Card:	Nonmember	\$1125 _____ (no.) @	\$1125 = \$ _____
Payment by Check:	Nonmember	\$1095 _____ (no.) @	\$1095 = \$ _____

Golf Tournament Fee (Sign-up by Jan 4th) \$240 _____ (no.) @ \$240 = \$ _____

Spouse/Guest Ticket for Friday's Event Only \$150 _____ (no.) @ \$150 = \$ _____

Optional Post-Conference Supermarket Tour \$30 _____ (no.) @ \$30 = \$ _____

TOTAL REGISTRATION FEE ENCLOSED \$ _____

PAYMENT INFORMATION:

Method of Payment: CHECK for \$ _____ (Please make payable to: Refrigerated Foods Association)
 CREDIT CARD: VISA MasterCard American Express Discover

Credit Card No: _____ Exp. Date: _____ CVV/Security Code: _____

Signature: _____

Credit Card Billing Information (If different from above): Phone: _____

Address: _____ City, State, Zip: _____

Remove or copy this form and return with payment to:

Refrigerated Foods Association • 2971 Flowers Rd S., Suite 266 • Atlanta, Georgia 30341 • Fax: 770-455-3879

2010 RFA CONFERENCE ATTENDEE INFORMATION

(For additional attendees, please copy this form and attach)

ATTENDEE 1:

Name to appear on Badge: _____ Email: _____

Is this your first time attending a RFA Conference? Yes No

Will you be attending Friday's evening event? Yes No

Do you have a Special Dietary Preference? Yes If so, please note: Vegetarian Other: _____

Golf Tournament: Yes - Handicap/Average Score: _____ Club Rental needed? Yes - Please circle: Right or Left

Spouse/Guest Registration:

Full Registration (see other side for fees) Friday's Evening Event Only - fee is \$150

Spouse/Guest Name: _____

Spouse Golf Tournament: Yes - Handicap/Average Score: _____ Club Rental needed? Yes - Please circle: Right or Left

Does he/she have a Special Dietary Preference? Yes If so, please note: Vegetarian Other: _____

Optional Post-Conference Supermarket Tour (fee is \$30/person): Yes - Number attending: _____

ATTENDEE 2:

Name to appear on Badge: _____ Email: _____

Is this your first time attending a RFA Conference? Yes No

Will you be attending Friday's evening event? Yes No

Do you have a Special Dietary Preference? Yes If so, please note: Vegetarian Other: _____

Golf Tournament: Yes - Handicap/Average Score: _____ Club Rental needed? Yes - Please circle: Right or Left

Spouse/Guest Registration:

Full Registration (see other side for fees) Friday's Evening Event Only - fee is \$150

Spouse/Guest Name: _____

Spouse Golf Tournament: Yes - Handicap/Average Score: _____ Club Rental needed? Yes - Please circle: Right or Left

Does he/she have a Special Dietary Preference? Yes If so, please note: Vegetarian Other: _____

Optional Post-Conference Supermarket Tour (fee is \$30/person): Yes - Number attending: _____

ATTENDEE 3:

Name to appear on Badge: _____ Email: _____

Is this your first time attending a RFA Conference? Yes No

Will you be attending Friday's evening event? Yes No

Do you have a Special Dietary Preference? Yes If so, please note: Vegetarian Other: _____

Golf Tournament: Yes - Handicap/Average Score: _____ Club Rental needed? Yes - Please circle: Right or Left

Spouse/Guest Registration:

Full Registration (see other side for fees) Friday's Evening Event Only - fee is \$150

Spouse/Guest Name: _____

Spouse Golf Tournament: Yes - Handicap/Average Score: _____ Club Rental needed? Yes - Please circle: Right or Left

Does he/she have a Special Dietary Preference? Yes If so, please note: Vegetarian Other: _____

Optional Post-Conference Supermarket Tour (fee is \$30/person): Yes - Number attending: _____

ATTENDEE 4:

Name to appear on Badge: _____ Email: _____

Is this your first time attending a RFA Conference? Yes No

Will you be attending Friday's evening event? Yes No

Do you have a Special Dietary Preference? Yes If so, please note: Vegetarian Other: _____

Golf Tournament: Yes - Handicap/Average Score: _____ Club Rental needed? Yes - Please circle: Right or Left

Spouse/Guest Registration:

Full Registration (see other side for fees) Friday's Evening Event Only - fee is \$150

Spouse/Guest Name: _____

Spouse Golf Tournament: Yes - Handicap/Average Score: _____ Club Rental needed? Yes - Please circle: Right or Left

Does he/she have a Special Dietary Preference? Yes If so, please note: Vegetarian Other: _____

Optional Post-Conference Supermarket Tour (fee is \$30/person): Yes - Number attending: _____