

CONFERENCE REGISTRATION FORM

44th Annual RFA Conference & Exhibition

To register for the RFA Conference, please complete the front and back of this form and return with payment to Refrigerated Foods Association. For questions about registration, please contact the RFA office at (678) 426-8175. You can also register online at www.refrigeratedfoods.org

COMPANY INFORMATION:

Company Name: ____

Address: _____ City, State, Zip Code:

Phone:

Company Web site:

REGISTRATION TERMS:

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

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 receptions, breakfasts, lunches, dinners, and the Exhibit Hall & Reception. Spouses/guests must pay full spouse/guest registration fee to attend all events. Fee will be refunded if registration is cancelled prior to January 10, 2025. Discounted rates for payments made by check or ACH!

COMPANY SPONSORSHIPS TOTALLING \$5,000 OR MORE RECEIVE ONE COMPLIMENTARY CONFERENCE REGISTRATION!

Early Registration Fee (Received ON or BEFORE January 10, 2025):						
Pa	yment by Credit Card:	Member Spouse/Guest	\$1160 \$1060	(no.) @ \$1160 = \$ (no.) @ \$1060 = \$		
_				· · ·		
Pa				(no.) @ \$1095 = \$ (no.) @ \$995 = \$		
Registration Fee (Received AFTER January 10, 2025):						
•		Member	\$1260 \$1160	(no.) @ \$1260 = \$ (no.) @ \$1160 = \$		
Payment by Check:		Member Spouse/Guest	\$1195 \$1095	(no.) @ \$1195 = \$ (no.) @ \$1095 = \$		
Non-Member Registration Fee:						
Payment by Credit Card: Payment by Check:			\$1360 \$1295	(no.) @ \$1360 = \$ (no.) @ \$1295 = \$		
Golf Tournament Fee Spouse/Guest Ticket for Tuesday's Closing Banquet			\$260 \$200	(no.) @ \$260 = \$ (no.) @ \$200 = \$		
TOTAL REGISTRATION FEE ENCLOSED \$						
Method of Payment	: Check for \$	(Make pay	able to Refrigerate	d Foods Association)		
ACH Payment: UPIC # 53374959, Routing # 021052053						
	Credit Card: Visa Mastercard American Express Discover					
				Security Code:		
Credit Card Billing Information (If different from above): Address:						
City, State & Zip:		Email:				

Complete this form and return with payment to:

Refrigerated Foods Association 3823 Roswell Road, Suite 208, Marietta, GA 30062 - Email: info@refrigeratedfoods.org (Over ...)

2025 RFA CONFERENCE ATTENDEE INFORMATION

(For more than four attendees, please copy this form and attach)

ATTENDEE 1:		
First time attending the RFA Con Attending Wednesday's Breakfas Golf Tournament: Yes - Handi	ference? Yes No A st? Yes No cap/average score:	Email: Attending Tuesday evening's Closing Banquet?
Spouse/Guest Registration:		y's Banquet Only - \$200 Club rental needed? (\$49.99)
ATTENDEE 2:		
Attending Wednesday's Breakfas Golf Tournament: Yes - Handi	st? Yes No cap/average score:	Email: Attending Tuesday evening's Closing Banquet?
ATTENDEE 3:		
First time attending the RFA Con Attending Wednesday's Breakfas Golf Tournament: Yes - Hand	iference? ☐ Yes ☐ No st? ☐ Yes ☐ No icap/average score:	Email: Attending Tuesday evening's Closing Banquet?
Spouse/Guest Registration: Full registration (see other Spouse/Guest Name: Spouse golf tournament: Yes		y's Banquet Only - \$200 Club rental needed? (\$49.99)
ATTENDEE 4:		
Name on badge: First time attending the RFA Con Attending Wednesday's Breakfas Golf Tournament: Yes - Handi	ference? ☐ Yes ☐ No A st? ☐ Yes ☐ No icap/average score:	Email: Attending Tuesday evening's Closing Banquet?
Spouse/Guest Registration: Full registration (see other Spouse/Guest Name: Spouse golf tournament: Yes		