

2018 ANNUAL CONFERENCE REGISTRATION FORM

PAYMENT MUST ACCOMPANY THIS FORM, CHECK PAYABLE TO & MAILING ADDRESS:

California Academy of Nutrition & Dietetics, 7740 Manchester Ave, Suite 102, Playa del Rey, CA 90293
 Fax Credit Card Payments only to: 310/823-0264 or Scan and Email patsmith@dietitian.org
 Not responsible for un-received Forms - verify! 310/822-0177 OR: patsmith@dietitian.org

Confirmation, badge/tickets mailed to the address provided below.

PLACE NAME + FULL RETURN ADDRESS IN THE WINDOW

Mail My Confirmation to Name, Address, City, Zip Code:

BADGE INFORMATION

NAME: (no credentials please): _____

COMPANY/EMPLOYER: _____

AREA OF PRACTICE ON BADGE;

RD RDN DTR Student
 Clinical Consultant Educator
 Food Svc Long Term Care Media
 Research Management Public Health
 Sales Purchasing
 Other _____

EMAIL _____ Day Time Phone () _____

BOOK YOUR HOTEL – Sheraton Fairplex, Pomona, CA 888/627-8074 \$149.00++ “CAND Rate” Rate cut off date 4/11/18 5:00PM

AND MEMBER # **MUST APPEAR** to register as AND Member and **dues paid in full by 1/1/2018.**

(CDR Tracking is not proof of AND membership.) ** Non Member Students - Instructors Signature required.

Academy of Nutrition & Dietetics MEMBER # Required # _____	EARLY-BIRD ON/BEFORE APRIL 9		REGULAR AFTER APRIL 9		MUST CIRCLE DAY(S) ATTENDING <small>Exhibits included in 3 Day and 1 Day Registration Fee, No Exhibits Saturday</small>	TOTAL
	3 DAY	1 DAY	3 DAY	1 DAY		
AND Members RDs, RDNs and DTRs	\$305	\$165	\$390	\$210	All 3 Days - Thu – Fri – Sat	\$
AND Student Member in an Accredited Program AND Retired Members – Not a RD/RDN (DTR**)	\$165	\$135	\$210	\$165	All 3 Days - Thu – Fri – Sat	\$
Non Member Student follow instruction below**	\$225	\$165	\$270	\$195	All 3 Days - Thu – Fri – Sat	\$
Non AND Members	\$465	\$245	\$570	\$300	All 3 Days - Thu – Fri – Sat	\$
THURSDAY or FRIDAY Exhibits ONLY No Sessions – Per Day		\$ 80		\$105	Thu or Fri - (none on Sat)	\$

** This form must be signed by the supervising instructor for Non Member Student rate. Applies to Undergraduates in DPD, CDP, Interns Or DTR Programs Who Are Not RDs and Not an AND Member. Current DTRs in an RD Program must have supervising instructors Signature

INSTRUCTOR SIGNATURE _____ INSTITUTION _____

All Cancellations submitted In Writing. Badge and tickets must be returned with request. Cancellations After April 9th Will Be Charged \$100.00 Processing Fee + applicable fees. No refund requests will be granted after the close of the meeting.

REGISTRATION AND TICKETS REQUIRED FOR THE FOLLWING EVENTS see flyer for info. – YOUR CHOICES BELOW

CAND Foundation Basket Drawing Tickets – Presale - buy 5 get 1 free

PREMIUM BASKET \$5.00 ea \$ _____

(Drawing held Friday 1:30 must be present to win) Presale - buy 10 get 1 free

VALUE BASKET \$2.00 ea \$ _____

DONATION TO *Ca Academy of Nutrition & Dietetics Foundation*

Suggested Amount (\$10, \$25) \$ _____

> > **VEGETARIAN MEAL Thursday** _____

(Purchase orders + American Express NOT accepted)

TOTAL AMOUNT ENCLOSED \$ _____

Credit Card Payments MASTERCARD / VISA or DISCOVER CARDS ONLY

(American Express NOT accepted)

CARD NUMBER _____ EXP. DATE _____

Print Card Holder Name _____ Card Holder's Signature _____

REGISTER BY 4/9 TO BE ENTERED IN A PRIZE DRAWING 5/4 – MUST BE PRESENT IN EXHIBIT HALL TO WIN

BADGE WILL BE MAILED IF REGISTRATION RECEIVED PRIOR TO 4/20

AFTER 4/20 PICK UP BADGE ON SITE AT REGISTRATION

Pictures May Be Taken / Registration Gives Permission To Use Likeness