## 2017 Registration Form

**Fall Symposium Schedule:** The Symposium will kick-off with at 2:00 p.m. on Monday, Sept. 25th and will end at 1:30 pm on September 27st. Participants may pick up their name badges and materials starting at 12:30 p.m. at the hotel on Monday, September 25th.

**Registration Fees:** The fee includes all transportation to off-site events and tours, hot breakfast buffet 9/25-28, lunch on Tuesday and Wednesday, the welcome reception on Monday (2 drink tickets) and dinner on Tuesday evening (2 drink tickets, then cash bar). The fees are as follows (prices are per person):

RFA Members Early Registration Fee for Event (Received ON or BEFORE August 4, 2017):

Payment by Check: \$445 Payment by Credit Card: \$465

RFA Members Registration Fee for Event (Received AFTER August 4, 2017):

Payment by Check: \$495 Payment by Credit Card: \$515

To register, please fill out the attached registration form and return it to the RFA office along with payment. Forms should be received no later than August 24, 2017. Confirmation will be sent by e-mail approximately two weeks before event. Full details and online registration also available at www.refrigeratedfoods.org.

**Travel and Accommodations:** Sleeping accommodations are not included in the registration fee. Rooms have been reserved at the Sheraton Suites Hotel, 770 W 47th Street, Kansas City, MO 64112. To make your room reservations at this all-suite hotel, please indicate below and the RFA Staff will make your reservations. The RFA's discounted group rate is \$179/night. **The hotel registration cut-off date is August 24, 2017**. Discounted valet parking is available at the hotel for \$8.00/night. Complimentary Internet access is provided in the guest rooms, as well as on the coach bus as we travel on the tours.

The hotel is located 30 minutes from the airport. The rate for a taxi is approximately \$60. Transportation back to the airport will be provided by the RFA at the end of our tour on Wednesday (arriving to the airport at approximately 1:30 pm).

2017 Company:	' REGISTRATION FORM	
Address:Please fill out the attendee name(s) below and note all sessi	City, State, Zip: ions each attendee will be participating in.	
Attendee 1: Dine Around Restaurant Choice: Plaza III	Fiorella's Jack Stack Season's 52	Not Participating
E-mail address:	<del>_</del>	
Attendee 2: Dine Around Restaurant Choice: Plaza III E-mail address:		Not Participating
Please make my hotel reservations at the Sheraton Suite Arrival Date	·	
Arrival Date	Departure Date Name:	
Payment: Check-payable to Refrigerated Foods Association  Credit Card: Visa Mastercard		
Card #:	Expiration Date:	
Name on Card:		
Card Security Code/CVV*:*For Visa, Mastercard the back. For AMEX. it is a 4-digit number that appears of		to the right of your card number on
Billing Address: (Must match Credit Card if different from about	ve):	·····
City:	State:	
Signature:		

TO REGISTER: Return this form with payment by mail to Refrigerated Foods Association at 3823 Roswell Road, Suite 208, Marietta, GA 30062 or by fax at (678) 550-4504 or by email to info@refrigeratedfoods.org.