

FL FANS - July 14-17, 2018 - Renaissance Orlando at SeaWorld, Orlando

"Nick" Name _____ email _____
(your first name as you wish it to appear on your name badge)

Last Name _____ First _____ Initial ____ Credentials _____

AND Member # _____ Florida License # _____ Daytime Phone _____

Employment/School _____ Position/Title _____

Employment Address _____ City _____ State ____ Zip _____

Home Address _____ City _____ State ____ Zip _____

REGISTRATION FEES

Accepted only if postmarked or received after June 22 or onsite.

Academy Members Full Meeting \$359 Saturday \$118 Sunday \$186 Monday \$186 Tuesday \$118

Non-Members Full Meeting \$560 Saturday \$184 Sunday \$290 Monday \$290 Tuesday \$184

Retired \$105 (Same price for one day or full meeting)

Student Member \$115 (Same price for one day or full meeting)

*Student Non-Member \$179 (Same price for one day or full meeting)

*Guest \$150 (Same price for one day or full meeting)

* A **guest** cannot hold a degree in a nutrition related field. Guest are welcome to attend the receptions and nutrition breaks, but due to limited seating they cannot attend the breakfast or lunch sessions.

Special Events on Saturday have extra fees

Ethics AND Member \$40 Non-Member \$62

Medical Errors AND Member \$60 Non-Member \$94

Preconvention Workshop AND Member \$100 Non-Member \$156 Student Member \$67 Student Non-Member \$103

Confirmed Volunteer District President or FAND Committee Chair

Sub Total \$ _____

Total \$ _____

FAND Committee Member

***If you are a volunteer, a District President, FAND committee chair or member then you CANNOT register online.**

You must print the pdf, fill it out and send back to our office via email, fax or mail.

YOU MUST CHECK THE BOX FOR EACH SESSION YOU PLAN TO ATTEND BELOW

- I plan to attend the Saturday Members' Reception (Limit 350)
 - My registered guest plans to attend
- I plan to attend the Sunday Awards Breakfast (Limit 200)
- I plan to attend the Monday Annual Member Empowerment Breakfast (Limit 200)
- I plan to attend the Monday Networking Session (Limit 300)
- I plan to attend the Tuesday morning session on Gluten Related Disorders (Limit 300)
- I plan to attend the Tuesday Luncheon Meeting (Limit 400)

Total from previous page \$ _____

I would like to add \$5 for Scholarship \$ _____

TOTAL ENCLOSED \$ _____

REFUND POLICY

Requests for refunds must be postmarked on or before June 9, 2018. Registration will be refunded less a \$35.00 processing fee. NO REFUNDS AFTER June 9, 2018

DO NOT WRITE IN THIS AREA

Date Received _____ Date Processed _____
Amount _____ Check Number _____

METHOD OF PAYMENT

I've enclosed a check or money order. Checks must have your name preprinted on them. Returned checks are subject to a service charge of \$30.00

VISA MasterCard Discover AMEX

Print exact name on card

Signature

Account Number Expiration Date CSC #

PLEASE MAKE CHECKS PAYABLE TO THE
FAND Annual Symposium Fund

MAILING ADDRESS

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