

2018 CHEFCONNECT: NEWPORT BEACH REGISTRATION

MARCH 18-20, 2018

Early registration deadline: November 15, 2017
REGISTER ONLINE at www.acfchefs.org

MAIL OR FAX TO:

American Culinary Federation
 180 Center Place Way
 St. Augustine, FL 32095
 (F) 904-940-0741 | (P) 800-624-9458



A SEPARATE FORM IS REQUIRED FOR EACH ATTENDEE.
 (Applies to full registration and education-only day badges.)

Name: _____ Member ID: _____ Chapter ID: _____
 Current mailing address: _____ home or work
 City: _____ State: _____ ZIP code: _____
 Phone Number: _____ Email: _____
 Referred by (chapter or member): _____

**If provided you may receive email notices of products and special offers from ACF sponsors and exhibitors.*

OPTION 1: FULL REGISTRATION WITH MEALS Includes all education sessions, general sessions and Market Connect/ACF Career Fair. In this option, all meals on the agenda are included with the exception of AAC dinner. Chapter events and hands-on workshops require separate registration. Attendees will earn 10 CEHs following the conference. Only the registered attendee may pick up registration package. Badges and meals are non-transferable. Meal tickets are not issued for 2018.

| Membership Status | Early Rate* | Standard Rate | On-site Rate |
|-----------------------|-------------|---------------|--------------|
| Professional member | \$600 | \$700 | \$800 |
| Student/senior member | \$400 | \$400 | \$450 |
| Non-ACF member** | \$850 | \$950 | \$1,050 |

**Includes one-year national membership

Spouse/guest name: _____ (same rate as member) = _____

Do you have any special dietary needs? Please specify: _____

**Early rate restrictions: must be an ACF member in good standing, register and pay by early registration deadline listed above for each conference.*

OPTION 2: EDUCATION REGISTRATION ONLY Includes all education sessions, general sessions and Market Connect/ACF Career Fair only. No meal functions are included with this option. Attendees will earn 10 CEHs following the conference. Only the registered attendee may pick up registration packet.

| Membership Status | Early Rate* | Standard Rate | On-site Rate |
|-----------------------|-------------|---------------|--------------|
| Professional member | \$300 | \$400 | \$500 |
| Student/senior member | \$200 | \$300 | \$350 |
| Non-ACF member** | \$450 | \$550 | \$650 |

**Includes one-year national membership

Spouse/guest name: _____ (same rate as member) = _____

**Early rate restrictions: must be an ACF member in good standing, register and pay by early registration deadline listed above for each conference.*

OPTION 3: EDUCATION-ONLY DAY BADGE OPTIONS (See conference schedules for more information.)

| | Mon 2/26 | Tues 2/27 | Early Rate* | Standard Rate | On-site Rate |
|------------------|----------|-----------|----------------------------|----------------------------|--------------|
| Member | Day 1 | Day 2 | Qty: _____ x \$150 = _____ | Qty: _____ x \$225 = _____ | \$275 |
| Non-ACF member** | Day 1 | Day 2 | Qty: _____ x \$350 = _____ | Qty: _____ x \$350 = _____ | \$400 |

**Early rate restrictions: must be an ACF member in good standing, register and pay by early registration deadline listed above for each conference.*

**Includes one-year national membership

Meal Tickets (See convention schedule for dates and times of meal functions.)

Welcome Reception (Sunday 3/18) Qty: _____ x \$80 = _____
 Chef Professionalism Award Lunch (Monday 3/19) Qty: _____ x \$75 = _____
 AAC Diner (Monday 3/19) Qty: _____ x \$150 = _____
 Vice Presidents' Awards Gala Dinner (Tuesday 3/20) Qty: _____ x \$130 = _____

Do you have any special dietary needs? Please specify: _____

TOTAL DUE FOR REGISTRATION \$ _____

Refund Policy: Request for refund must be made in writing to events@acfchefs.net and must be timestamped no later than 30 days prior to start of event. A \$75 processing fee will be deducted from refund amount. No refunds will be processed within 30 days of the start of the event.

PAYMENT MADE BY:

I have enclosed a check made payable to the American Culinary Federation (ACF).

Please bill my: Visa MasterCard Amex Discover Name on Card: _____

Card Number: _____ Billing ZIP code: _____ Exp Date: _____ CSC: _____

Signature: _____ Date: _____

REGISTER ONLINE at www.acfchefs.org or **CALL** the ACF National Office to Add Any Additional Workshops