



Carolinan Food Industry Council

6th Annual Convention Registration Form

Visit the CFIC website at www.cficweb.org to complete and submit your registration form **online**.
 (The website is secure; credit cards may be used for payment.)

General Information

- Make **checks** payable to CFIC.
- If **registering several attendees**, list additional names (with company name) on a separate sheet.
- To receive **early-bird registration discount**, return the completed form by **June 22**.
- **Cancellations** with full refund will be honored through **July 13** (substitutions may be made without penalty). Cancellations received after July 13 will carry a **\$75 per person cancellation fee**.
- **Golf registration is on the enclosed green bordered form.**
- **Confirmations** will be sent via fax/email upon receipt of registration form.
- Badges and all other **meeting materials** will be distributed at the convention registration desk (Hilton Lobby).
- Sign **waiver** (at the bottom of this form) prior to mailing. You may fax form to (919) 832-0812.

Convention Registration Fees:	<u>Early-Rate</u> (received before June 22)	<u>Regular Rate</u> (received after June 22)
Members of CFIC	\$100	\$125
Spouse/Guest	\$75	\$100
Young Adult (13-21)	\$75	\$100
Children (12 and under)	Free	Free
Children's Program (ages 5-12)	Free	Free

Registration fee covers: meals, carnival, education, entertainment, Snack Shack, and Children's Program.

Registration Fees:			
CFIC Member:	# _____	@ \$ _____	= \$ _____
Spouse/Guest:	# _____	@ \$ _____	= \$ _____
Young Adult (13-21):	# _____	@ \$ _____	= \$ _____
Children (12 and under):	# _____	@ FREE	= \$ 0
Total Payment Due:			\$ _____

Supplier
Complimentary
Registration Schedule
on the
Back

Payment Information: Please complete the information below:

- I have enclosed a check made out to CFIC in the amount of \$ _____.
- Credit card charge \$ _____ on: Visa MasterCard American Express Discover
- Credit Card Number: _____ Expiration Date: _____ Security Code: _____
- Signature: _____
- I wish to be invoiced at the name and address below.

Registration:

Company: _____

First: _____ Last: _____

Spouse/Guest First Name: _____ Last: _____

Children's Names and Ages: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

DIETARY NEEDS?

Please indicate if anyone in your party has special assistance (**physical** and/or **dietary needs**):

Name: _____ Special Need: _____

Please specify the **total number of people** from your party who will attend each social event:

_____ # will attend Thursday evening Carolinas College Event (children invited)

_____ # will attend the Friday Family Carnival Night (children invited)

_____ # will attend the Saturday President’s Reception & Dinner (children under 16 **not admitted** to **Saturday dinner**)

_____ # will attend Children’s Program on Saturday Evening

CHILDREN’S PROGRAM (ages 5-12):

Saturday, July 24: 6:00 – 10:00 pm - Theme: “Sports Night” - Fee: Complimentary

<u>Child’s Name:</u>	<u>Child’s Age:</u>	<u>Saturday Night:</u>	<u>Special Dietary Restrictions:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hotel Accommodations * Reservation Information**

To make your hotel reservations, **contact Hilton Myrtle Beach Resort or Kingston Plantation directly** at **800-876-0010**.

Reference our code “**CFO**” and mention the **Carolinas Food Industry Council** to secure the convention rate which ranges from **\$227 - \$365 plus tax**.

The Hilton’s website: http://www.hilton.com/en/hi/groups/personalized/myrbhhh_cfo/index.jhtml

WAIVER OF LIABILITY

The undersigned, in consideration of his/her registration at the 2010 Carolinas Food Industry Council Convention, releases, holds harmless and discharges the association, management staff and their agents, from any and all actions, claims and demands which may arise out of an accident, casualty or occurrence during said convention. Your signature below acknowledges acceptance of these provisions of registration for all those listed on this form.

↑ Signature

MAIL: CFIC, PO Box 176001, Raleigh, NC 27619 ♦ FAX: (919) 832-0812
Submit **online** registration at: www.cficweb.org

