



AAFCO 2009

Association of American Control Officials

[AAFCO] July 31 - August 3, 2009 ❖ [AAPFCO] August 3 - August 6, 2009

Annual Meeting Registration Form

Registrant's Name:		Please check all that apply:
Name on Badge:		You are a:
Company/Org.:		<input type="checkbox"/> Control Official <input type="checkbox"/> Industry
Address:		
City/Province:		Are you attending for the first time?
State:		<input type="checkbox"/> AAFCO Annual Meeting
Zip Code/Postal Code:		<input type="checkbox"/> AAPFCO Annual Meeting
Telephone:		
Fax:		Are you a Life Member?
E-Mail:		<input type="checkbox"/> AAFCO Life Member/No Charge
Guest(s) Name:		<input type="checkbox"/> AAPFCO Life Member/No Charge

Section A - Registration for Attendee Only:		
<input type="checkbox"/> AAFCO Annual Meeting - Control Official Registration Fee.....	\$250.00	\$ _____
<input type="checkbox"/> AAFCO Annual Meeting - Industry Registration Fee	\$375.00	\$ _____
<input type="checkbox"/> AAPFCO Annual Meeting - All attendees (Control & Industry)	\$250.00	\$ _____
<i>The registration fee includes the cost of the gala and/or banquet for attendee only. After June 26, 2009, a \$25.00 late registration surcharge will be assessed per association registration. No refunds will be given after July 6, 2009.</i>		
SECTION A TOTAL:		\$ _____

Section B - Additional Gala and/or Banquet Tickets for Guests:		
AAFCO Gala Guest Ticket \$100.00 each X _____ tickets =		\$ _____
AAPFCO Banquet Guest Ticket \$ 85.00 each X _____ tickets =		\$ _____
SECTION B TOTAL:		\$ _____

Section C - Chesapeake Bay Tour Tickets:		
August 6 - Off-site tour along the Chesapeake Bay - Spouses & Guests welcome too!		
Tickets: \$15.00 each X _____ tickets =		\$ _____
SECTION C TOTAL:		\$ _____

Section D - Payment Type - Please Check One:		
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check # _____ Please make checks payable to AAFCO (FEIN# 556020312)		
Name on Credit Card:		Signature for Credit Card: <i>(If submitting electronically, please type the name as it appears on the card)</i>
Billing Address:		
City, State, Zip Code:		
Card Number:		
Expiration Date:		
SECTION D: GRAND TOTAL DUE (A + B + C):		\$ _____

Mail completed form (including check) to:
AAFCO
P.O. Box 478
Oxford, Indiana 47978

Questions? Contact Sharon Krebs at:
 Telephone: 765-385-1029, Fax: 765-385-1032
 E-mail: sharon@aafco.org

AAFCO USE ONLY: Date Rec'd: _____ Check # _____ Amount Rec'd: _____