



REGISTRATION FORM

Complete form and return by:

EMAIL
info@foodprotection.org

P: +1 515.276.3344
F: +1 515.276.8655

MAIL
2900 100th Street, Suite 309
Des Moines, IA 50322-3855, USA

Registration available ONLINE at FOODPROTECTION.ORG

Prefix: Prof. Dr. Mr. Ms. Mrs.

| | | | |
|---|----------------|--|---------|
| First name (as it will appear on your name badge) | | Last name | |
| Employer | | Title | |
| Mailing Address – Please specify: <input type="checkbox"/> Home <input type="checkbox"/> Work | | | |
| City | State/Province | Postal/Zip Code | Country |
| Email | | Telephone | |
| Emergency Contact Name (required) | | Emergency Contact Telephone (required) | |

Please check the box next to each type of communication you consent to receive from IAFP Sponsors and Exhibitors.

Email Promotions Postcards/Flyers/Promotional Mailings

Do you want a conference bag with the printed materials inside? Please note the IAFP App will have the most up-to-date information.

Yes No

If you require ADA Assistance, please contact Sarah at sdempsey@foodprotection.org

Employment Type - Check one: Industry Government Education

| REGISTRATION FEES | EARLY RATE Ends Sept. 24, 2020 | LATE RATE Effective Sept. 25, 2020 |
|---|-----------------------------------|---------------------------------------|
| IAFP Member Registration | \$ 545 | \$ 645 |
| Association Student Member/IAFP Retired Member <small>Must be an IAFP Student Member and provide valid student ID</small> | \$ 80 | \$ 100 |
| IAFP Member - New Professional <small>New college graduates – within 1 year of graduation. Proof of terminal degree or diploma required.</small> | \$ 345 | \$ 445 |
| One Day Registration Member <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. | \$ 290 | \$ 340 |
| Non-Member Registration | \$ 780 | \$ 880 |
| One Day Registration Non-Member <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. | \$ 430 | \$ 480 |
| Spouse/Companion Guest <small>This registration fee only applies to a non-industry spouse or companion accompanying a fully-paid registrant to the conference.</small> | \$ 60 | \$ 60 |
| Child 15 & Over | \$ 25 | |
| Child 14 & Under <small>Awards banquet not included with child registration.</small> | FREE | |
| OPTIONAL ITEMS | | |
| Student Luncheon - Student Rate - Sunday 10/25 | \$ 10 | \$ 15 |
| Student Luncheon - Professional Rate - Sunday 10/25 | \$ 25 | \$ 30 |
| Annual Meeting Abstracts - JFP Supplement | \$ 40 | \$ 40 |
| IAFP 2020 T-shirt (<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL) | \$ TBD | \$ TBD |

| IAFP WORKSHOPS | EARLY RATES END OCT. 2, 2020 | |
|---|---------------------------------|------------|
| | MEMBER | NON-MEMBER |
| Genomics 101 for Food Safety and Quality Professionals 1 day - Saturday, October 24 (8:00 a.m. - 5:00 p.m.) | \$600.00 | \$700.00 |
| Advanced Sanitation and Hygienic Design Workshop 2 days - Friday, October 23 and Saturday, October 24 (8:00 a.m. - 5:00 p.m.) | \$745.00 | \$845.00 |
| Developing Environmental Monitoring Programs for Small and Midsize Processors 2 days - Friday, October 23 and Saturday, October 24 (8:00 a.m. - 5:00 p.m.) | \$700.00 | \$800.00 |
| Validation and Verification of Preventive Controls - Processes, Sanitation and Allergens 2 days - Friday, October 23 (8:00 a.m. - 5:00 p.m.) and Saturday, October 24 (8:00 a.m. - 3:00 p.m.) | \$690.00 | \$790.00 |
| Visit our website foodprotection.org for additional information. | | |
| Workshop Cancellation: A full refund will be processed if your written request is received by the end of the day on Friday, October 9, 2020. Registration fees, less a \$200 administration fee, will be refunded for written cancellations received after October 9, 2020 and before October 23, 2020. No refunds will be made for cancellations received on or after October 23, 2020. | | |
| Registrations cannot be carried to any future meetings. | | |

Total to be charged \$ _____

Payment Method: Check VISA Mastercard American Express Discover

Credit Card Number _____

Card ID# _____ Expiration Date _____

Cardholder Name (please print) _____

Signature (required for all credit card payments) _____

*Visa, Mastercard and Discover: See 3-digit Card ID number on the back of the card after account number.
American Express: See 4-digit, non-embossed number printed above your account number on the face of your card.



CANCELLATION POLICY

A full refund will be processed if your written request is received by the end of the day on Friday, October 9, 2020. Registration fees, less a \$200 administration fee, will be refunded for written cancellations received after October 9, 2020 and before October 25, 2020. No refunds will be made for cancellations received on or after October 25, 2020. Optional items purchased are NOT refundable.

Other: Modifications to payment method will incur a \$25 processing fee.