



# 2017 NATIONAL CONFERENCE REGISTRATION FORM

Please print information exactly as you would like it to appear on your name badge and the attendee list. (\*Required)

Name\*

Nickname for Badge

Title

Company\*

Address

City

State/Province

ZIP/Postal Code

Phone

Mobile

Email\*

Please update my official membership record with this new contact information.

**Please check the category that best represents your current job description under the appropriate member/attendee segment:**

**ACTIVE MEMBER/ATTENDEE**

- Client Liaison – *Contact between client and outside agency providing foodservice*
- Self-Operator – *Operates own foodservice facility*
- Foodservice Contractor – *Provides manual and/or vended foodservice to client*
- Integrated Facility Manager – *An individual whose company is contracted by the owner company to manage outsourced services*
- Educator – *Teaches HRI curriculum on a full-time basis*

**ASSOCIATE MEMBER/ATTENDEE**

- Consultant Services
- Equipment Manufacturer
- Food Manufacturer
- Foodservice Distributor/Broker
- Technology Provider
- Trade or Professional Association
- Other \_\_\_\_\_

**Please check all of the following that apply:**

- This is my first SHFM National Conference.
- I am a new SHFM member. I have joined SHFM within the past year.
- I serve on an SHFM committee.



## WANT TO BE A MENTOR?

On Thursday, October 26, SHFM will host a number of selected culinary and hospitality students from the Miami area as they join us for the day. Check the box below to become a mentor and help welcome these students to SHFM's Student Day. Mentors will be asked to sit with their students at lunch.

I would like to be a mentor.

## CL/SO/CONTRACTORS/IFM EVENT *(Client Liaisons/Self-Operators/ Contractors/ Integrated Facility Managers Only)*

Attendance for these sessions and events planned for Liaisons, Self-Operators, Contractors and Integrated Facility Managers only are included in the price of a full conference registration. To ensure available seating, pre-registration is required.

Eligible members will receive a separate email invitation and further details regarding this event.

**Please note the date and time for travel purposes.**

**TUESDAY, OCTOBER 24** *(Please do not register for this event unless you are a client liaison or self-operator. Contractors and IFMs will be contacted separately regarding their registration for the joint session.)*

- |   |  |
|---|--|
| <input type="checkbox"/> I will not attend any component of this event. | <input type="checkbox"/> 1:00 p.m. – 3:45 p.m. CL/SO Only Program                    |
| <input type="checkbox"/> 12:00 p.m. – 12:45 p.m. CL/SO Lunch            | <input type="checkbox"/> 4:00 p.m. – 5:30 p.m. CL/SO/Contractors/IFM Session (Joint) |

## SPOUSE/GUEST REGISTRATION ONLY

To accommodate spouses or guests accompanying fully registered conference participants, individual tickets are available for meal and social functions. Reservations for these events must be made in advance and the total charges included with your remittance. Spouses or guests wishing to attend general sessions must purchase a full conference registration at the appropriate member or non-member price.

### SPOUSE/GUEST NAME \_\_\_\_\_

- Guest – Includes Lunch, Evening Meals and Social Functions (Excludes Golf and HG4) \$550

#### TUESDAY, OCTOBER 24

- |  |       |
|--|-------|
| <input type="checkbox"/> Golf Tournament   | \$195 |
| <b>Club Rentals</b>                        | \$55  |
| <input type="checkbox"/> Men's Right       |       |
| <input type="checkbox"/> Men's Left        |       |
| <input type="checkbox"/> Women's Right     |       |
| <input type="checkbox"/> Women's Left      |       |
| <input type="checkbox"/> Opening Reception | \$125 |

#### WEDNESDAY, OCTOBER 25

- |   |       |
|---|-------|
| <input type="checkbox"/> President's Luncheon                 | \$75  |
| <input type="checkbox"/> HG4                                  | \$25  |
| <b>T-Shirt Size</b> <i>(included with event registration)</i> |       |
| <input type="checkbox"/> Small                                |       |
| <input type="checkbox"/> Medium                               |       |
| <input type="checkbox"/> Large                                |       |
| <input type="checkbox"/> X-Large                              |       |
| <input type="checkbox"/> 2X-Large                             |       |
| <input type="checkbox"/> Industry Networking Event            | \$125 |

#### THURSDAY, OCTOBER 26

- |  |       |
|--|-------|
| <input type="checkbox"/> Lunch               | \$75  |
| <input type="checkbox"/> President's Evening | \$175 |

### EMERGENCY CONTACT

Please provide the following information in case of emergency during the conference.

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

### PAYMENT INFORMATION

All fees must be paid in advance and accompany this registration form. **An electronic confirmation will be sent to you once your payment has been processed.**

### CANCELLATION POLICY

Cancellations submitted in writing to SHFM by **Monday, October 2, 2017**, will be refunded, less a \$75 processing fee. There will be no refunds for cancellations received after this date. **“No Shows” will be charged at the full conference rate.**

Primary Attendee Membership and Registration Fees <i>(Young Professionals, please include copy of photo ID.)</i>	\$ _____
Primary Attendee Registration Fee	\$ _____
Primary Attendee-Optional Events	\$ _____
HG4 Sponsorship	\$ _____
Spouse/Guest Registration	\$ _____
<b>Total Conference Fees Due to SHFM</b>	<b>\$ _____</b>

Check payable to SHFM enclosed.

To pay by credit card, please register online at [shfm-online.org/2017](http://shfm-online.org/2017).

### PLEASE COMPLETE ALL INFORMATION AND RETURN THIS FORM TO:

Society for Hospitality and Foodservice Management  
326 E. Main Street  
Louisville, KY 40202

**QUESTIONS?** Call SHFM Headquarters at (502) 574-9931.

