

# REGISTRATION FOR 40<sup>TH</sup> ANNUAL LIQUID FEED SYMPOSIUM



shenry@afia.org



(703) 666-8092



AFIA  
2101 Wilson Blvd.  
Suite 916  
Arlington, VA



www.afia.org

## ONE REGISTRATION FORM PER ATTENDEE

Name \_\_\_\_\_ Nickname (Badge Name) \_\_\_\_\_

Spouse (if attending) \_\_\_\_\_ Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State/ Province \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail (required) \_\_\_\_\_

## REGISTRATION OPTIONS

	<u>EARLY BIRD</u> BY CLOSE OF BUSINESS AUGUST 6	<u>REGULAR REGISTRATION</u> BY CLOSE OF BUSINESS SEPTEMBER 3	<u>ON-SITE REGISTRATION</u>	<u>HOW WOULD YOU LIKE TO RECEIVE YOUR PROCEEDINGS?</u>
AFIA Member	\$405	\$435	\$455	CD
Non-Member	\$810	\$840	\$860	Hard Copy
Spouse/ University	\$240	\$240	\$250	
Comp	<i>Yes, my comp registration has been approved</i>			

## PAYMENT

### Payment Method:

Visa

MasterCard

American Express

Check (check number \_\_\_\_\_)

*I authorize AFIA to make this one-time charge.*

Name of Cardholder (please print) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Amount Charged \$ \_\_\_\_\_

### What if I have to cancel?

All refund requests must be sent to the AFIA Registrar. A 90-percent refund will be issued if AFIA is notified of the cancellation prior to July 30, 2010. A 50-percent refund will be issued if written/fax notice is received prior to September 3, 2010.

### Pre-Registration List

AFIA must receive this form with your payment by September 3, 2010, to include your name in the pre-registration list that will be distributed at the symposium