



2019 FEED FACILITY OF THE YEAR

Invoice Request Form

**RATE: \$100 Per Facility for AFIA Member
\$250 Per Facility for Non-Member**

CONTACT NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL : _____

PLEASE RETURN THIS FORM TO:



FAX:
(703) 524-1921



MAIL:
2101 WILSON BLVD.
SUITE 810
ARLINGTON, VA
22201



EMAIL:
KCHUNG@AFIA.ORG