**Attendee(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Business/Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Fees:**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | $70 General Public | 🞎 | $20/additional Network Partner *(from same agency)* |
| 🞎 | $45 Vermont Foodbank Network Partner | 🞎 | $75 Exhibitor *(includes tabling at the event and 1 person’s registration)* |
| 🞎 | $45 Non-profit or Government Organization |  |  |

**$**  WRITE IN **TOTAL AMOUNT**

*Make your check payable to the* ***Vermont Foodbank*** *or supply your credit card info below.*

**Credit Card Information:**

Card Type *(Please circle one*): **Visa MasterCard American Express Discover**
Name as displayed on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3-digit Security Code *(CCV)*: \_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***Planning to attend the Night Before Reception?*** Tell us how many attendees to expect: \_\_\_\_\_\_\_\_ |
| ***Where did you hear about the conference?***  |
| ***Do you have food allergies, special needs, or comments?*** |

**MAIL COMPLETED FORMS TO:**

Vermont Foodbank, Attn: Jen Messier, 33 Parker Road, Barre, VT 05641