

■ WELLNESS 12 REGISTRATION & FEES

Conference registration includes jump drive with PDF files of session materials, continental breakfasts, lunch, networking breaks and a reception.

- From November 1 2011 to March 1, 2012
Members: \$895 | Non-Members: \$995 | *Government Workers: \$550 | Student Members: \$550
- After March 1, 2012
Members: \$995 | Non-Members: \$1095 | *Government Workers: \$650 | Student Members: \$650

**The Government rate is subject to approval. In order to qualify, participants must be employed by an official government agency. There are a limited number of spots available at this rate and it cannot be combined with any other discounts. Contact wellness@ift.org for more information.*

■ SENSORY EVALUATION: CURRENT DEVELOPMENTS AND APPLICATIONS REGISTRATION & FEES

Short course registration includes a course binder, morning and afternoon refreshment breaks, lunch, and a reception at the conclusion of the first day.

- Before March 1, 2011
Members: \$675 | Non-Members: \$840 | Student Members: \$175
- After March 1, 2011
Members: \$725 | Non-Members: \$890 | Student Members: \$175

■ SAVE! WELLNESS 12 AND SENSORY EVALUATION REGISTRATION & FEES

Get more for your money and your time! Save \$100 when you register for Wellness 12 and the Sensory Evaluation short course at the same time.

- Before March 1, 2011
Members: \$1,470 | Non-Members: \$1735 | *Member Government Workers: \$1125 | *Non-Member Government Workers: \$1290 | Student Members: \$625
- After March 1, 2011
Members: \$1620 | Non-Members: \$1885 | *Member Government Workers: \$1275 | *Non-Member Government Workers: \$1440 | Student Members: \$725

Three ways to register:

Online

Visit ift.org/wellness

Mail

Mail registration form and payment to
Institute of Food Technologists
ATTN: Lizzy Martin
525 West Van Buren Street
Suite 1000
Chicago, IL 60607-3814

Fax

Fax registration form
to 312.596.5685
(credit cards only).

Wellness 12 Team Discounts

Bring your whole team! Save \$100 per registration when three or more attendees from the same organization register as the same time. This discount applies to regular price members and non-members from a single organization, and cannot be combined with other discounts or specialty rates including students, government workers, sponsors, or speakers. Contact Lizzy Martin at 312.604.0285 or wellness@ift.org for more information.

Cancellation Policy

You will receive a full refund, less \$100 per event, if you cancel your registration(s) on or before March 7 by contacting wellness@ift.org or 312.604.0285. No refunds after that date.

Substitution Policy

If you registered for the conference/course but are unable to attend, please contact wellness@ift.org or 312.604.0285 with the name and contact information of your replacement.

Event Cancellation

In the event of conference/course cancellation, IFT is not responsible for attendee reimbursement of travel, lodging, or any other costs associated with this conference/course beyond refunding the full registration fee.

■ **ATTENDEE INFORMATION** *(Please duplicate this form for additional attendees. Please print or type clearly.)*

FIRST NAME _____ LAST NAME _____

IFT MEMBER – PLEASE ENTER IFT MEMBER # _____

NON -MEMBER

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____ COUNTRY _____

TELEPHONE () _____ FAX () _____

EMAIL _____ TWITTER HANDLE _____

■ **REGISTRATION QUESTIONNAIRE** (* Indicates required questions)

1. FIRST NAME FOR MY BADGE: * _____
2. MY JOB TITLE: * _____
3. PLEASE LIST ANY SPECIAL DIETARY NEEDS: _____
4. PURSUANT TO THE AMERICANS WITH DISABILITIES ACT LIST ANY SPECIAL SERVICES YOU REQUIRE: _____
5. PLEASE INDICATE IF YOU WOULD LIKE TO LEARN MORE ABOUT SPONSORSHIP OPPORTUNITIES: YES NO
6. MY CERTIFICATE OF ATTENDANCE SHOULD INCLUDE LANGUAGE REGARDING THE FOLLOWING IFT CONTINUING EDUCATION PARTNER: *
 - SAVE THE PAPER AS I DON'T NEED A CERTIFICATE.
 - AMERICAN DIETETIC ASSOCIATION/ACADEMY OF NUTRITION AND DIETETICS
 - PRODUCT DEVELOPMENT AND MANAGEMENT ASSOCIATION
 - RESEARCH CHEFS ASSOCIATION
 - NO SPECIAL LANGUAGE IS NEEDED FOR MY CERTIFICATE.
7. HOW DID YOU HEAR ABOUT THIS EVENT?

<input type="checkbox"/> IFT.ORG	<input type="checkbox"/> IFT COMMUNITY
<input type="checkbox"/> E-MAIL PROMOTION	<input type="checkbox"/> LINKEDIN
<input type="checkbox"/> FOOD TECHNOLOGY AD OR ARTICLE	<input type="checkbox"/> TWITTER
<input type="checkbox"/> EVENT BROCHURE THAT ACCOMPANIED FOOD TECHNOLOGY	<input type="checkbox"/> FACEBOOK
<input type="checkbox"/> DIRECT MAIL PROMOTION	
8. DID YOU HEAR ABOUT THIS EVENT FROM A COLLEAGUE? PLEASE ENTER THE NAME HERE SO THAT WE CAN THANK HIM OR HER.

9. DID YOU HEAR ABOUT THIS EVENT FROM A SOURCE OTHER THAN THOSE LISTED ABOVE? IF SO, TELL US HERE:

10. PLEASE PROVIDE THE NAME, RELATIONSHIP, AND PHONE NUMBER OF YOUR EMERGENCY CONTACT:

■ **PAYMENT METHOD**

Payment must accompany registration form. U.S. funds from a U.S. bank only.

I'M REGISTERING FOR: WELLNESS 12 SENSORY EVALUATION BOTH

TOTAL ENCLOSED \$ _____ COUPON CODE (IF APPLICABLE) _____

VISA MC AMEX DISCOVER CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE (AS ON CARD) _____ NAME ON CARD (PRINT) _____