

🕒 Please Print Clearly **AND** List Each Participant's Name 🖋️

**Name(s):** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Please check one of the following:**

**Child Nutrition/Food service Director**       **Farmer**       **Ag Professional**

**School personnel**       **Distributor**

**Mailing address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Web site:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**ASAP is an equal opportunity provider. Contact us if you have any special needs or disabilities so we can accommodate you. The following information is optional, but we are required to ask you for funding purposes:**

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **National Origin:** \_\_\_\_\_ **Disability (circle):** Y N

**\$50 registration fee/person Number of Attendees:** \_\_\_\_\_ **Total amount enclosed:** \$ \_\_\_\_\_  
(Includes breakfast and lunch)

**Please check if you would prefer a vegetarian lunch**

**Please check if you would not like your contact information to be shared with other attendees**

\_\_\_\_\_  
*For Office Use Only*

**Date rcvd:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Check no.** \_\_\_\_\_

*Make \$50 check payable to:*

**ASAP**

*Mail check and form to:*

**Southeast Region Farm to School Conference**

**729 Haywood RD, # 3**

**Asheville, NC 28806**