



2019 CACFP National Professional Association Conference

June 11 – 13, 2019
Madison, Wisconsin

Registration Deadline: May 15, 2019

NAME: _____
TITLE: _____
AGENCY: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
E-MAIL: _____

Please select the **ONE** Conference Registration category that applies to you:

- | | | | |
|--------------------------|------------------|--|------------|
| <input type="checkbox"/> | Tuesday-Thursday | Current CACFP NPA Member | \$ 320.00 |
| <input type="checkbox"/> | Tuesday-Thursday | CACFP NPA Non-Member | \$ 400.00* |
| | | *includes CACFP Membership for remainder of FFY2019 if you are eligible. | |
| | | Total | \$ _____ |

Please select the **ONE** Method of Payment that applies to you:

- Credit Card. Online at <http://www.cacfnpa.org/>. The registration form may be submitted by fax or e-mail to tiquana.whitbeck@health.ny.gov.
- Check. If paying by mail, send check or money order (payable to *CACFP National Professional Association*) along with the registration form(s) to:

CACFP National Professional Association
c/o Tiquana Whitbeck, Treasurer
NYS DOH Child & Adult Care Food Program
150 Broadway Suite 650
Albany, NY 12204

Phone: (800) 942-3858 (option2)
Fax: (518) 402-7252
FEIN: 45-0440145

☞ No refunds will be made after May 25, 2019 ☞

For more information on the conference, check out our website at <http://www.cacfnpa.org/>