

REGISTRATION FORM/MUFES 2012-Jan. 28-30

Multiunit Foodservice Equipment Symposium, Jan. 28-30, 2012, Barton Creek Resort & Spa, Austin, Texas
Fax or email completed forms to Christine Palmer at 847/336-2105, cpalmer@fermag.com.



Please check one: Operator Supplier

Name _____

Title _____ Name for badge _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

The registration fee includes the cost for attendance at all meetings, breakout sessions, social functions and meals planned as part of the main conference. Does not include pre-meeting events.

OPERATOR CONFERENCE FEES

Early Bird Registration by Nov. 30\$395

Regular Registration after Nov. 30\$495

(Optional, held morning of Sat., Jan. 28.)

Golf Tournament.....\$no charge (includes lunch)

Golf Club Rental\$75

Right-handed Clubs Left-handed Clubs

Handicap _____

or Olive Oil/Wine Tour...\$no charge (includes lunch)

SUPPLIER CONFERENCE FEES

Early Bird Registration by Nov. 30\$3795

Regular Registration after Nov. 30\$3995

(Optional, held morning of Sat., Jan. 28.)

Golf Tournament.....\$150 (includes lunch)

Golf Club Rental\$75

Right-handed Clubs Left-handed Clubs

Handicap _____

or Olive Oil/Wine Tour...\$150 (includes lunch)

SPOUSE/GUEST FEES

Registration.....\$200 (Includes meal events only.)

Name: _____

(Optional, held morning of Sat., Jan. 28.)

Golf Tournament.....\$150 (includes lunch)

Golf Club Rental\$75

Right-handed Clubs Left-handed Clubs

Handicap _____

or Olive Oil/Wine Tour...\$150 (includes lunch)

ADDITIONAL INFORMATION

1) Are you planning on attending: (please check)

_____ Opening reception, Sat., Jan. 28

Meeting ends at 3:30 on Mon., Jan. 30.

2) Do you have any special dietary needs? _____

HOTEL INFORMATION

Reservations may be made at Barton Creek Resort directly by calling 800/336-6158. Ask for the MUFES/Foodservice Equipment Reports rate.

Reservations must be made by Dec. 30, 2011, to receive the special rate of \$170/night plus taxes.

All guest will need to check out on Mon., Jan. 30.

TOTAL AMOUNT DUE & METHOD OF PAYMENT

Conference Registration Fee \$ _____

Spouse/Guest Fees \$ _____

Pre-meeting Event Fees \$ _____

Total Fees Due \$ _____

Check enclosed or Please charge my (circle one): American Express MasterCard VISA

Name (as it appears on card): _____

Card Number: _____ Expiration Date: _____

Signature: _____

Billing Address (if different from above): _____

Send completed forms to Christine Palmer, FER/MUFES, 2094 Lawson Blvd., Gurnee, IL 60031. Fax: 847/336-2105

Phone: 847/336-2049 E-mail: cpalmer@fermag.com

FOR OFFICE USE ONLY:

Date Received: _____

Date Processed: _____

Amount Paid: _____

Check No.: _____

Credit Card: _____