

# 86th ALDA Annual Meeting

March 14 - 16, 2018

Birmingham Jefferson Civic Center

Birmingham, Alabama

## Registration Form

Name (as it should appear on badge) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Please Check One:

	WEDNESDAY WORKSHOP	ANNUAL MEETING	THURSDAY ONLY	FRIDAY ONLY
ALDA MEMBER	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$ 230.00	<input type="checkbox"/> \$ 145.00	<input type="checkbox"/> \$ 110.00
NON-MEMBER	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$ 350.00	<input type="checkbox"/> \$ 235.00	<input type="checkbox"/> \$ 145.00
STUDENT	<input type="checkbox"/> N/A	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 55.00	<input type="checkbox"/> \$ 50.00
RETIRED and 50+ YEAR MEMBERS	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$ 80.00	<input type="checkbox"/> \$ 65.00	<input type="checkbox"/> \$ 40.00

### Optional Donation - (Tax Deductible)

Alabama Memorial Scholarship Fund

\$ 5.00  \$ 10.00

\$ 20.00  \$ 50.00

**Please Note:** If you mark Annual Meeting on your registration form, this includes the Wednesday reception, all events on Thursday and Friday. However, registration for the pre-conference Establishing A Diabetes Prevention Program Workshop is separate and requires additional registration fees.

Pre-Conference Workshop: I Plan to Attend. Limited to first 40 Dietitians. (Wednesday 1:00 - 4:00 p.m.)

I plan to attend the Reception Wednesday night 5:30 p.m. - 7:30 p.m.

I would like a vegetarian meal at the luncheon on Thursday 11:45 a.m. - 1:00 p.m.

I plan to attend the ALDA Reception Thursday night 6:00 p.m. - 7:30 p.m.

### PLEASE NOTE:

- On-Site Registration **DOES NOT** include Thursday's Luncheon.
- No confirmations will be sent. However preregistration lists will be sent prior to the meeting.
- If you have a disability that may affect your participation in this meeting, please contact the ALDA office.
- Questions? Call the ALDA Office at (334) 260-7970 or email us at [alda@gmsal.com](mailto:alda@gmsal.com).

Please make checks payable to:

ALDA, Inc.

Mail payment and form to:

ALDA Office

Post Office Box 240757

Montgomery, AL 36124-0757

Or send by fax to:

(334) 272.7128

Paying by Credit Card?  Visa  Master Card  American Express

Name on Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_