



New Routes to Healthy Food Banks & Families

CAFB Statewide Conference
Thursday, July 24, 2008
Sacramento Convention Center

Thank you for registering for the Statewide Conference. Please complete this registration form, attach your check and send to:

*California Association of Food Banks
1611 Telegraph Avenue, Suite 830
Oakland, CA 94612*

Attendees' Names

The per person registration fee for CAFB Members is \$100 for the first person and \$70 for each additional person. For all other attendees, the registration fee is \$150. There are no scholarships available at this time.

Attendee #1:

Name

Title

If registering only for yourself, please tell us if we can expect others from your organization to register:

- Yes, I expect others from my organization to register.
 No, I will be the only one from my organization to attend.

Attendee #2:

Name

Title

Attendee #3:

Name

Title

Attendee #4:

Name

Title

Attendee #5:

Name

Title

Organizational Information

*** Please tell us how you would classify your organization:**

My organization is a CAFB Member.

My organization is not a CAFB Member.

Name of Organization:

Address:

City:

State:

Postal Code:

Business Phone:

Fax:

Email address where you would like confirmation sent:

Include contact information on lists distributed to other attendees?

Yes

No

Describe any special needs, including dietary considerations: