



Return Form to:
2696 S. Colorado Blvd. Suite 570
Denver, CO 80222
720-328-2788 phone • 720-328-2786 fax

Please complete each of the sections below to register for "Cheese with Altitude," to be held from July 26 – 29, 2017 in Denver, CO. For complete session descriptions, visit: www.cheesesociety.org.

First Name (to appear on badge): _____ Last Name (to appear on badge): _____

Company (to appear on badge): _____ Title: _____

Address: _____

City (to appear on badge): _____ State/Prov (to appear on badge): _____ Zip/Postal Code: _____

Preferred Phone: _____ Email: _____

Emergency Contact Name & Phone Number (required): _____

How many years have you been an ACS member? First Year Not a member _____ years

Is this your first ACS conference? Yes No

Please check the category that best describes your primary area of professional activity. Select only one.

- Cheesemaker Distributor/Broker Retailer Dairy Supplier Chef/Foodservice Government Agency
- Specialty Food Producer Professor/Academic Media Student Enthusiast Other

Are you planning on attending the Opening Reception sponsored by Gourmet Foods International? Yes No

Please help ACS serve you better! Let us know what ACS can do to bring greater value to you or your business. What makes, or would make, your ACS membership indispensable?

Registration

Full Conference

- Regular (Through 6/28): \$599 member / \$798 non-member* Late (6/29 – onsite): \$699 member / \$898 non-member*

One Day Passes

- Thursday, July 27 (incl. admission to Meet the Cheesemaker and Opening Reception) - \$265 member / \$464 non-member*
- Friday, July 28 (incl. admission to Awards Ceremony & Reception) - \$265 member / \$464 non-member*
- Saturday, July 29 (incl. admission to Festival of Cheese) - \$295 member / \$494 non-member*

*Non-member price includes ACS Membership that expires on Dec. 31, 2017.

Total Registration Amount
\$ _____

Optional Programs

Experts-in-Residence

If you would like to reserve a time slot with an expert-in-residence, please circle your preferred date, and we will place you in a time slot, if available.

Scholar-in-Residence – Included with registration. You will be assigned a 25-min appointment. **Preferred Day:** Thur | Fri | Sat

Business Strategist-in-Residence – \$25. Limited to 1 person per 1-hour appointment. **Preferred Day:** Thur | Fri | Sat

Food Safety Strategist-in-Residence – \$15. Limited to 1 person per 40-min appointment. **Preferred Day:** Thur | Fri | Sat

Retail Strategist-in-Residence – \$15. Space limited to 1 person 45-minute appointment. **Preferred Day:** Thur | Fri | Sat

Tasting Sessions – Ticket required. Space is limited. All tasting sessions other than those listed below are currently full. 10 minutes after the start time of each session, NO-SHOW seats will be filled on a first come, first served basis by those waiting in the STAND-BY line.

- Saturday: I Got 99 Problems, But a Bicyclic Monoterpenoid Ain't One (9:00am)

Total Optional Programs
\$ _____

Guest Options

The following items may be purchased for guests who wish to participate in meals and/or evening events. Guests may not attend conference sessions.

Guest Full Name (to appear on badge): _____

City (to appear on badge): _____ State/Prov (to appear on badge): _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Thur. Breakfast & General Session - \$40 | <input type="checkbox"/> Friday Breakfast & General Session - \$40 | <input type="checkbox"/> Brunch of Champions - \$40 |
| <input type="checkbox"/> Thur. Business Lunch - \$50 | <input type="checkbox"/> Friday Lunch & FDA Update - \$50 | <input type="checkbox"/> Festival of Cheese: |
| <input type="checkbox"/> Meet the Cheesemaker - \$40 | <input type="checkbox"/> Awards Ceremony and Reception - \$55 | # of _____ tickets - \$55 per ticket |
| <input type="checkbox"/> Opening Reception - \$60 | # of _____ tickets - \$55 per ticket | |

| |
|---------------------------------------|
| Total Guest Amount \$ _____ |
|---------------------------------------|

Payment

Calculate Total Payment Due:

| | | |
|---------------------------|-----------|-------|
| Total Registration Amount | \$ | _____ |
| Total Optional Programs | \$ | _____ |
| Total Guest Amount | \$ | _____ |
| Total Payment Due | \$ | _____ |

- My check, *PAYABLE TO ACS*, is enclosed Please charge my Visa / MasterCard / AmEx / Discover

Credit Card #: _____ Exp. Date: _____ CVV#: _____

Name As It Appears on Card: _____ Authorized Signature: _____

Confirmation Policy: Conference registrations will be confirmed via email once your completed registration has been processed with payment.

Cancellation Policy: Written notice of cancellation must be received at ACS Headquarters no later than July 1, 2017 in order to receive a refund less a \$75.00 processing fee. There will be no refunds for cancellations after this date. All refunds will be processed after August 15, 2017. No-shows will be charged at the full conference rate.