AMERICAN COLLEGE OF NUTRITION 54th ANNUAL CONFERENCE

Controversies in Nutrition: Navigating Uncharted Waters

In Partnership with Scripps Health

November 13-16, 2013 • Hilton San Diego Resort Spa
1775 East Mission Bay Drive, San Diego, CA 92109

REGISTRATION

(Please print or type)

Name on Badge _____ **Guest/Spouse**_____ **Degree**_____
(Your name badge will be printed as it is shown on this form)

Position_____ **Institution**_____

Address _____

City_____ **State**_____ **Zip**_____ **Tel:**_____ **Fax:** _____

E-mail:_____ **Arriving Date:** _____ **Departing Date** _____

Days Attending: ❑**Wed Evening** ❑ **Thurs** ❑**Friday** ❑**Sat (Please check)**

REGISTRATION FEES*:	**Early Bird before 9/01/13**	**After 9/02/13**	**Onsite**
ACN MEMBER			
Full Conference	☐**$400**	☐**$500**	☐**$600**
One Day Fee (choose a day)	☐**$200**	☐**$250**	☐**$300**
NON-MEMBER			
Full Conference Fee	☐**$500**	☐**$600**	☐**$700**
One Day Fee (choose a day)	☐**$250**	☐**$300**	☐**$350**

Student Rates are Half of These Rates

Herb Walk Saturday, November 16, 2013, [ ] $50.00

Registration Fee Includes: Two box luncheon on Thursday and Friday; coffee breaks and the President's Reception/Dinner on Friday evening, November 15, 2013.

If you qualify for membership, please join the ACN submit your CV with the registration form and take advantage of the lower registration fee as a member. Please check our website or call our office for membership requirements.

***Cancellation prior to 10/01/13: full refund; AFTER10/13/13: NO REFUND. Cancellation must be in writing or via email to office@americancollegeofnutrition.org All refunds will be processed after the meeting. ACN reserves the right to cancel the conference based on conditions beyond our control. In the case of program cancellation, each pre-registrant will be notified by phone and/or e-mail and will be refunded the full registration fee paid. ACN is not responsible for any costs incurred due to program cancellation, such as airline or hotel penalties.**

Registration fees are payable to the American College of Nutrition. Registrants are responsible for all bank charges if payment is wired.

TOTAL PAYMENT _____

Please charge to: ☐ **Visa** ☐**MasterCard** ☐ **Discover** ☐ **Amex** ☐ **Paid online** **Date paid**_____

Card #:_____ **Expiration. Date:**_____/_____.

☐ **Enclosed check payable to ACN or money order (US bank checks only)** **Signature**_____

Special Assistance Requirements: ☐ **If you require handicap facilities, special assistance, or have special dietary requirements, please check this box and specify your needs.**_____

SEND FORM AND PAYMENT INFORMATION TO: American College of Nutrition, 300 South Duncan Avenue, Suite 225, Clearwater, FL 33755

Tel: (727)446-6086 Fax: (727)446-6202 Email: office@mericancollegeofnutrition.org Website: www.americancollegeofnutrition.org.

YES, SEND ME INFORMATION OF THE FOLLOWING: ☐ ACN Membership ☐ ACN Journal ☐ CME