

# AFI ANNUAL CONVENTION

JUNE 8-9 - ONLINE VIA ZOOM

## REGISTRATION

Company: \_\_\_\_\_

	<b>Fee</b>	<b>Number</b>	<b>Total</b>	<b>Please List Participants</b>
*Registration Fee: 1st Company Representative	Members: \$49 Non- Members: \$69	_____	_____	_____ (Name as it should appear on badge)
*Registration Fee: 2nd Company Representative	Members: \$49 Non- Members: \$69	_____	_____	_____ (Name as it should appear on badge)

Physical address in June for  
the AFI convention  
attendee gift box  
\_\_\_\_\_  
\_\_\_\_\_

### Sponsorship Opportunities

Our firm also wishes to be a corporate sponsor to help underwrite the costs not covered by the registration fee. Sponsorships include company logo posted on event page, social media thank-you and during convention, verbal appreciation during event. \$100+ sponsors will be able to include an item in the AFI gift package sent to the physical address of attendees.

Food Importers Logistics Symposium Sponsor	\$1,500
Break Sponsor	\$750
Networking Sponsor	\$500
Speaker Sponsor	\$250

List sponsorship choice(s)  
\_\_\_\_\_  
\$ \_\_\_\_\_ Amount  
\_\_\_\_\_  
\$ \_\_\_\_\_ Subtotal  
\_\_\_\_\_  
\$ \_\_\_\_\_ **Total**

No one from our company is able to attend, but we would like to contribute the following sponsorship amount: \$ _____
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Credit Card Options: VISA MASTER CARD AMERICAN EXPRESS

Name On Credit Card: \_\_\_\_\_ Amt. To Charge: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Billing Address Of Cardholder: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate any special dietary needs \_\_\_\_\_

Make checks payable to AFI and mail to 3301 Route 66, Suite 205, Bldg. C, Neptune, NJ 07753.  
Phone: 732-922-3008, Fax: 732-922-3590.