

Early-Bird Registration Deadline: November 14, 2024

ALL rates increase by **\$150** after November 14

CONTACT INFORMATION

Company Name																Name of I	erson	Con	pletin	g Form (i	f attendi	ng, al	lso list below)
Mailing Address																Telephon	e						
City, State, Zip, Counti	ту															Email							
attendee. REGISTRATION R All rates will increas JOIN & REGISTER may register as a m professional or prof POLICIES & DISCI	ATES: Early-bird registr se by \$150 after Novem t: Any registrant wishing nember and check the jo essional).	nts registration for one attendee, llow along the line checking off elements are available through ber 14. to join the Society and register to in/renew in the appropriate ments to the reverse side of this for potention.	or the conference, ober category (young	ASB MEMBER FEES	Full Conference Delegate		NONMBMER FEES	SPOUSE FEES (Spouse registration is for individuals NOT employed in the wholesale baking industry.)	RENEW DUES OR JOIN		CHECK ALL THAT APPLY PER	E LINE		AFFILIATE EVENTS	Group Dinner – February 16	group dinner? ASB would prearrange dinner reservations for groups of 8 – 10 ppl. Guests would be responsible for paying for meal and transportation.	POLICIES & DISCLOSURES (Please	all policies disclosures. In transverse,	ובקוזנומונים מקופמווק כל מסמפונטני.)				
					Personnel- \$795	sponsor- \$995	\$1,495			II- \$175	0		l er)	st - \$60			Privacy Policy	Media Waiver	Code of Conduct	Liability Waiver & Be Well	Sponsor Opt-In		
FULL NAME	CITY, STATE, ZIP (If different than above)	REGISTRANT EMAIL	SPOUSE ((f registering)	BAKER - \$695	SUPPLIER Exhibitor/Sponsor P	SUPPLIER Non-Exhibitor/Non-sponsor-	NONMEMBER - \$	Spouse Fee - \$275	Professional- \$275	Young Professional-	First Time Attendee	New Member	Young Professional (40 years & younger)	KSU/FSU Breakfast	Yes	<u>8</u>	Agree	Agree	Agree	Agree	Agree Do Not Agree		TOTAL
																						-	
												1										-	

COMPLETE PAYMENT INFORMATION ON REVERSE SIDE (PG.1) OF THIS FORM

GRAND TOTAL \$



BakingTECH 2025

February 15 - 18 Orlando, Florida

Please print or type. Information for Group Registration is on the backside.

Personal Information		
□ ASB Membership #		n-Member
Last Name	First	Name
Company/Organization	1	
Street Address		
City	State/Province	Zip/Postal Code
Telephone		
E-mail		
Spouse Name, if register	ering	
☐ New address. Please ch	ange my ASB mailing info	rmation.
Birthdate* (month/day/year *Required for Young Professional M	r, 01/01/1980): lember Discount of \$100	
□ New Member □ First	Time Attendee	
Privacy Policy Your data privacy and security are imprordance with our legitimate interests: Please review our privacy policy, including a confirm that Lagree to	for hosting an industry event and for t ding how to exercise your rights under	being a community-based organization
Media Waiver ASB intends to take photographs and electronic and other media, including may have related to the use of recorde or approve the photo, video or audior publicity, defamation, and copyright in	illingement or for any fees for use of s	s and promotional material, in print ent, you waive and release any claims g, without limitation, any right to inspon on of privacy, violation of the right of such recorded media.
Code of Conduct We value the participation of each mer experience. Conference participants at others and maintain the highest level or	re expected to conduct themselves wi	ith integrity, courtesy and respect for

others and maintain the highest level of professionalism at all conference programs and events, whether officially sponsored by ASB or not. All attendees, speakers, organizers, volunteers, guests, partneys, vendors and staff at any ASB event are required to observe the following Code of Conduct. ASB is dedicated to providing a harassment-free conference experience for everyone, regardless of gender, sexual orientation, disability, physical appearance, body size, race or religion. We do not tolerate harassment of conference participants in any form. All communication should be appropriate for a professional audience including people of diverse backgrounds and cultures. Sexual language and imagery are not appropriate for the conference. Be kind to others. Do not insult or defame participants. Harassment in any form, sexist, racist, or exclusionary jokes are not condoned at ASB Events. Participants violating these rules may be asked to leave the conference and all related events at the sole discretion of ASB and may be restricted from attending future ASB events.

☐ I confirm that I agree to this statement.

Sponsor opt-in
Lagree that ASB may share my contact detail, along with other personal data that I provide in this registration form [and in pre-event surveys] with event sponsors, as listed in the Sponsors' section of the event website, for the purposes of post-event follow-up communication. This consent is granted for one-off communication. from each Sponsor

> ☐ Lagree □Not now

Liability Waiver & Be Well Agreement

LiaDility Waiver & Be Well Agreement
I hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against the ASB and its affiliated partners and sponsors, including in each case, without limitation, their directors, officers, employees, volunteers, and agents (the "Released Parties"), either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault or conduct of any kind on the part of the Released Parties, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage to property, which I, my heirs, assignees, next of its and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation in the event. I hereby knowingly assume the risk of injury, harm and loss associated with my participation in the event, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

Disonferm that largees to this statement.

 \square I confirm that I agree to this statement.

Registration Changes & Cancellation Policy
Conference cancellations must be submitted to ASB in writing via email at events@ or mail. All refunds are assessed a \$150 processing fee. Once ASB has received your written cancellation, all credit card refunds will be processed promptly. For check refunds, please allow 2 - 4 weeks after the meeting has ended. Refunds will not be granted after January 15, 2025 nor will they be given for no-shows or Society membership fees. A \$25 charge will apply to any changes after initial registration.

Early Registration Deadline: **November 14, 2024**

Register online at www.ASBE.org/bakingTECH2025

Men	nbership	Inform	ation		
				registration	rate!

Member Type	Rate
☐ JOIN or RENEW Professional Membership	\$275
☐ JOIN or RENEW Professional Membership (w/ Young Professional Discount)	\$175
□ JOIN or RENEW Student Membership	\$25
Membership Subtotal:	

Conference Registration

*Note: your ASB membership must be current at the time of registration to qualify for ASB Member Rates. Renew or Join in the memberhsip section above.

All full delegate registration includes full individual access to ALL BakingTECH 2025 events including receptions, luncheons, Formulation Floor, general sessions

	and technical breakout sessions. The fee does not include the spouse event on Monday, February 17.						
	MEMBER Registration Fees (all registration fees are full delegate)	Early By Nov. 14	Advance By Jan. 15	After Jan. 15			
	☐ Baker	\$645	\$795	\$945			
	☐ Supplier - Exhibitor/Sponsor Personnel	\$795	\$945	\$1,095			
	☐ Supplier - NonExhibitor/Non Sponsor	\$995	\$1,145	\$1,295			
	☐ Lifetime	\$100	\$100	\$100			
	☐ Student	\$150	\$150	\$150			
	NONMEMBER Registration Rates (all registration fees are full delegate)						
	☐ NonMember	\$1,495	\$1,645	\$1,795			
	Spouse Registration						
:-	☐ Spouse Registration (Spouse Registration is for individuals not employed by the wholesale baking industry.)		\$275				
	Special Events						
ш	☐ KSU/FSU Breakfast (Monday)		\$60				
	Conference Registration Subtotal +		\$				
	Membership Subtotal =		\$				
	TOTAL ENCLOSED OR CHARGED U.S.		\$				

Method of Payment

☐ Check of	or money order enclo	sed, payable to American S	Society of Baking
Visa	MasterCard	☐ American Express	Discover
		•	

Card Number CVC# **Expiration Date**

CC Card Billing Address (If different from registrant information)

City, State, Zip Code (If different from registrant information)

Cardholders Signature

Cardholders Name

Return to: American Society of Baking 1415 Shelby Street, Suite A Indianapolis, IN 46203 Phone (800) 713-0462 Fax (888) 315-2612

