

# Early-Bird Registration Deadline: November 14, 2025

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

# **CONTACT INFORMATION**

Company Name																	Nam	e of Pe	erson Compl	eting	Form (i	fattenc	ing, also	list below	<b>(</b> )
Mailing Address																	Telep	hone							
City, State, Zip, Count	ry																Emai	l							
attendee that will pu attendee.  REGISTRATION RA All rates will increase  JOIN & REGISTER: may register as a m professional or profes	ATES: Early-bird registration of the property	registration for one attendee/ly along the line checking off each on rates are available through r 14.  join the Society and register for renew in the appropriate mem the reverse side of this for polion.	November 14, 2025.  or the conference, ber category (young	ASB MEMBER FEES	Full Conference Delegate		NONMBMER FEES Full Conference Delegate	<b>SPOUSE FEES</b> (Spouse registration is for individuals NOT employed in the wholesale baking industry.)	RENEW DUES OR JOIN			CHECK ALL THAT APPLY PER			PRECONFERENCE	WORKSHOPS		ATTIENTE EVENTS	Group Dinner – February 17 Would you be interested in participating in a group dinner? ASB would peartrange dinner reservations for groups of 8 – 10 ppt. Guests would be	responsible for paying for meal and transportation.		POLICIES & DISCLOSURES (Please refer to registration page on the	reverse side for all policies & disclosures. If unanswered, registrant is agreeing by abstention.)		
FULL NAME	<b>CITY, STATE, ZIP</b> (If different than above)	REGISTRANT EMAIL	<b>SPOUSE</b> (If registering)	BAKER - \$750	SUPPLIER Exhibitor/Sponsor Personnel- \$900	SUPPLIER Non-Exhibitor/Non-sponsor- <b>\$1,100</b>	NONMEMBER - \$1,615	Spouse Fee - \$300	Professional- \$325	Young Professional- \$275	First Time Attendee	New Member	Young Professional (40 years & younger)	Sensory - Member - \$100	Sensory – NonMember - \$150	Food Safety – Member - \$100	Food Safety – NonMember - \$150		Yes	voiled verying		Agree Code of Conduct	Agree Liability Waiver & Bernary Maiver	Agree Sponsor Do Not Agree Opt-In	TOTAL

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

GRAND TOTAL \$



# **BakingTECH 2026**

**February 16 - 19** 

Sheraton Grand Chicago Riverwalk Chicago, Illinois

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

. ,,		
Personal Informa	tion	
☐ ASB Membership	#	□ Non-Member
Last Name	First N	Name
Company/Organiza	tion	
Street Address		
City	State/Province	Zip/Postal Code
Telephone		
E-mail		
Spouse/Guest Name	e, if registering	
☐ New address. Please	e change my ASB mailing in	formation.
Birthdate (month/day/	year, 01/01/1980):	
*Required for Young Professional Me.	mber Discount of \$50	
Privacy Policy Your data privacy and securivaccordance with our legitimation. Please review our privation.	be an ambassador to a new i	member/first time attendee?  ister for this event, ASB will process your data in vent and for being a community-based organization rights under GDPR.
Media Waiver ASB intends to take photogrelectronic and other media, in your may have related to the inspect or approve the photoright of publicity, defamation	aphs and video of this event for use ir including the ASB website. By attendi use of recorded media of you at the e o, video or audio recording of you, ar	n ASB news and promotional material, in print ng the event, you waive and release any claims event, including, without limitation, any right to y claims for invasion of privacy, violation of the iny fees for use of such recorded media.
experience. Conference part others and maintain the higl sponsored by ASB or not. All ASB event are required to ob conference experience for ev- size, race or religion. We do n should be appropriate for a p language and imagery are no	icipants are expected to conduct then nest level of professionalism at all con attendees, speakers, organizers, volu serve the following Code of Conduct. veryone, regardless of gender, sexual not tolerate harassment of conference orofessional audience including peop at appropriate for the conference. Be m, sexist, racist, or exclusionary jokes asked to leave the conference and all	d endeavor to deliver an enjoyable and fulfilling mselves with integrity, courtesy and respect for ference programs and events, whether officially nteers, guests, partners, vendors and staff at any ASB is dedicated to providing a harassment-fre orientation, disability, physical appearance, bod participants in any form. All communication le of diverse backgrounds and cultures. Sexual kind to others. Do not insult or defame partici- are not condoned at ASB Events. Participants related events at the sole discretion of ASB and

☐ I confirm that I agree to this statement.

### **Sponsor Opt-In**

l agree 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.

☐ I agree ☐ I do not agree

Sponsor Opt-In Liability Waiver & Be Well Agreement

Thereby 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, illiness, economic loss or out of pocket expenses, or loss or damage to property, which I, my heirs, assignees, next of kin 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.

 $\square$  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@asbe.org or mail. All refunds sasessed 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 9, 2026** nor will they be given for no-shows or Society membership fees.

# Early Registration Deadline: **November 14, 2025**

Register online at www.ASBE.org/bakingtech2026

Men	nbershi	p Informa	ation	
Join	ASB nov	v and pay	the member	registration rate!

Member Type	Rate
☐ JOIN or RENEW Professional Membership	\$325
☐ JOIN or RENEW Young Professional Membership	\$275
☐ JOIN or RENEW Student Membership	\$25
Membership Subtotal	\$
	☐ JOIN or RENEW Professional Membership ☐ JOIN or RENEW Young Professional Membership

## 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 registrations include full individual access to ALL BakingTECH 2025 events including receptions, luncheons, Formulation Floor, general sessions & technocal breakout sessions. The fee does not include the spouse event on 2/19 or the closing evening on 2/19.

Early		
Early By Nov. 14	Advance By Jan. 9	After By Jan. 9
\$750	\$900	\$1,050
\$900	\$1,050	\$1,200
\$1,100	\$1,250	\$1,400
\$160	\$160	\$160
\$125	\$125	\$125
\$1,615	\$1,765	\$1,915
\$300	\$300	\$300
Memb		Non- lember
□ \$100	<b>□</b> \$15	50
□ \$100	<b>□</b> \$15	50
No Fee - In	ndividual Pay C	wn Dinner
	\$60	
\$140 x #	Tickets = \$	
\$		
\$		
	\$750 \$900 \$1,100 \$160 \$125 \$1,615 \$300 <b>Memb</b> \$100 \$100 No Fee - In	\$750 \$900 \$900 \$1,050 \$1,100 \$1,250 \$160 \$160 \$125 \$125 \$1,615 \$1,765 \$300 \$300 Member N \$100 \$15 \$100 \$15 \$100 \$15 \$100 \$15 \$100 \$15 \$100 \$15 \$100 \$15 \$100 \$15

Method of Payment  ☐ Check or money order enclosed, ☐ Visa ☐ MasterCard ☐ Ar	. ,	
Card Number	CVC# Expiration Dat	te
CC Card Billing Address (If different	from registrant information)	
City, State, Zip Code (If different fro	m registrant information)	

Cardholders Name

### Cardholders Signature

# Return to: American Society of Baking

1415 Shelby Street, Suite A Indianapolis, IN 46203

Phone (800) 713-0462 Fax (888) 315-2612

