

Registration Deadline: February 22, 2022

Online & Advance Registration will on February 22

CONTACT INFORMATION

Company Name														Nan	ne of Pe	erson C	ompletin	g Form (i	f attendin	g, also list	below)
Mailing Address														Tele	phone						
City, State, Zip, Country	у													Ema	ail						
INSTRUCTIONS: Each line below represents registration for one attendee/registrant. Add each attendee that will purchase any item and follow along the line checking off each purchase for that attendee. REGISTRATION RATES: Online and advance registration will close at 5pm ET on February 22, 2022. JOIN & REGISTER: Any registrant wishing to join the Society and register for the conference, may register as a member and check the join/renew in the appropriate member category (young professional or professional). POLICIES & DISCLOSURES: Please refer to the reverse side of this for policies & disclosures. If unanswered, registrant is agreeing by abstention.		ASB MEMBER FEES		NONMBMER FEES		MARKETPLACE ONLY (Fee to attend MarketPlace ONLY)		SPOUSE FEES (Spouse registration is for individuals NOT employed in the wholesale baking industry.)	RENEW DUES OR JOIN CHECK ALL THAT APPLY PER LINE			AFFILIATE EVENTS		POLICIES & DISCLOSURES (Please refer to registration page on the reverse side for all policies & disclosures. If unanswered, registrant is agreeing by abstention.)							
FULL NAME	CITY, STATE, ZIP (If different than above)	SPOUSE (If registering)	BAKER Full Delegate - \$500	SUPPLIER Full Delegate- \$760	BAKER Full Delegate - \$710	SUPPLIER Full Delegate - \$1,115	BAKER MarketPlace - \$475	SUPPLIEr MarketPlace - \$725	Spouse Fee - \$250	Professional- \$235	Young Professional- \$125	First Time Attendee	New Member	Young Professional (40 years & younger)	KSU/FSU Breakfast - \$55		Agree Media Waiver	Agree Code of Conduct	Agree Liability Waiver & Be Well Agreement	Agree Sponsor Opt-In Do Not Agree	TOTAL
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GRAND TOTAL \$

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



BakingTECH 2022 March 1 - 3 **Hilton Chicago** Chicago, Illinois

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

Personal Informat	tion	
☐ ASB Membership #	Non-l	Member
Last Name	First Na	me
Company/Organization	1	
Street Address		
City	State/Province	Zip/Postal Code
Telephone		
E-mail		
Spouse/Guest Name, if New address. Please ch	registering nange my ASB mailing infor	mation.
	; 01/01/1980):	
■ New Member ■ First Privacy Policy Your data privacy and security are		for this event, ASB will process your data in and for being a community-based organiza-
tion. Please review our privacy pol	erests for hosting an industry event a licy, including how to exercise your r ree to this statement	
Media Waiver ASB intends to take photographs a electronic and other media, includ any image, photograph, voice or lil without compensation.	and video of this event for use in ASB ing the ASB website. By participatin	news and promotional material, in print g in the event, I grant ASB the right to use motional materials and publicity efforts
Code of Conduct We value the participation of each experience. Conference participan others and maintain the highest le sponsored by ASB or not. All atten event are required to observe the ference experience for everyone, rrace or religion. We do not tolerate be appropriate for a professional a and imagery is not appropriate for ment in any form, sexist. racist. or erules may be asked to leave the co	member of the community and end to are expected to conduct themselve of professionalism at all conferen dees. speakers, organizers, voluntee following Code of Conduct. ASB is de gardless of gender, sexual orientatic harassment of conference participa udience including people of diverse the conference. Be kind to others. D	leavor to deliver an enjoyable and fulfilling ves with integrity, courtesy and respect for ce programs and events. whether officially rs, partners, vendors and staff at any ASB edicated to providing a harassment-free con- n. disability, physical appearance, body size ints in any form. All communication should backgrounds and cultures. Sexual language o not insult or defame participants. Harass- lat ASB Events. Participants violating these B.
Sponsor opt-in I agree that ASB may share my con registration form [and in pre-event	tact detail, along with other persona surveys] with event sponsors, as list	al data that I provide in this ted in the Sponsors' section of the event s consent is granted for one-off communica-
☐ Lagree ☐ Not now		
Liability Waiver & Re \	Nell Agreement	

Liability Waiver & Be Well Agreement

As a condition of my participation in this meeting or event, I hereby waive any claim I may have against the ASB and its officers, directors, employees, or against or against the presenters or speakers, for reliance on any information presented and release ASB from and against any and all liability for damage or injury that may arise from my participation or attendance at the program. I further understand and agree that all property rights in the material presented, including common law copyright, are expressly reserved to the presenter or speaker or to ASB. I acknowledge that participation in ASB events and activities brings some risk and I do hereby assume responsibility for my own well-being. If another individual participates in my place per ASB transfer policy, the new registrant agrees to this disclaimer and waiver by default of transfer understand that travel and gathering involves risk of sickness, including sickness from COVID-19. I (and on behalf of my guesti(s)) waive and release ASB and its sponsors and exhibitors, and their employees and agents, from and against claims, liabilities and expenses arising from injury, sickness or death from contraction or spread of COVID-19 or other communicable disease due to travel to or attendance at an event sponsored by ASB. I will take necessary precautions while at the event including, but not limited to, engaging in appropriate social distancing, wearing a mask when requested and/or required, minimize face touching, frequently washing hands and avoiding risky environments such as overcrowded bars or restaurants. I agree to not attend any ASB event if I feel ill or had recent exposure to a COVID-19 case.

I confirm that I agree to this statement.

☐ I confirm that I agree to this statement.

Registration Changes & Cancellation Policy

We will provide you a full refund of your registration fee. All cancellation requests must be submitted in writing to info@asbe.org by 11:59 pm CT February 28, 2022. Refunds will not be granted after February 28, nor will they be given for no-shows or Society membership fees.

Registration Deadline: February 18, 2022

Register online at www.ASBE.org

Online & advance registration will close February 18, 2022.

Membership Information

Join ASB now and pay the member registration rate!

Member Type	Rate						
☐ JOIN or RENEW Professional Membership	\$235						
$f \square$ JOIN or RENEW Young Professional Membership (indicate birth date above in personal information)	\$125						
Membership Subtotal \$							
Conference Registration							
*Note: your ASB membership must be current through June 30, Member Rates. Renew or Join in the memberhsip section ab							

Members	Before 2/18/22	After 2/18/22
☐ BAKER Member Full Conference	\$500	\$600
☐ SUPPLIER Member Full Conference	\$760	\$860
☐ Lifetime Member	\$0	\$0
Nonmembers		
☐ BAKER Full Conference	\$710	\$810
☐ SUPPLIER Full Conference	\$1,115	\$1,215
MarketPlace Only Admittance to the MarketPlace only all three days. Does not include table	top exhibit spac	e.
☐ BAKER MarketPlace Only	\$475	\$575
☐ SUPPLIER MarketPlace Only	\$725	\$825
Spouse Registration		
☐ Spouse Registration (Spouse Registration is for individuals not employed by the wholesale baking industry.)	\$2	250
Affiliate Events		
☐ KSU/FSU Breakfast (Monday)	\$	555
Conference Registration Subtotal +	\$	
Membership Subtotal =	\$	
TOTAL ENCLOSED OR CHARGED U.S.	\$	

Method of Payment ☐ Check or money order enclosed, payable ☐ Visa ☐ MasterCard ☐ American					
Card Number	CVC#	Expiration Date			
CC Card Billing Address (If different from re	gistrant ii	nformation)			
City, State, Zip Code (If different from registrant information)					

Cardholders Signature

Cardholders Name

Return to:

American Society of Baking

7809 North Chestnut Avenue Kansas City, MO 64119 Phone (800) 713-0462 Fax (888) 315-2612

