

**SOUTHEASTERN MEAT ASSOCIATION ANNUAL CONVENTION**  
**HILTON DAYTONA BEACH RESORT**  
*June 8 -11, 2017*

**ASSOCIATE REGISTRATION**

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**REGISTRATION FEE INCLUDES:** Convention Program, Refreshment Breaks, Thursday Welcome Reception, Friday Lunch, Friday Reception & Dinner, Saturday Breakfast, & Saturday Presidents Reception & Dinner.

**Name: (Additional attendees list on back. Mark first time attendees with \*)**

1. \_\_\_\_\_ Members \$ 275.00 x \_\_\_\_\_ = \_\_\_\_\_  
(# of attendees)

2. \_\_\_\_\_

Spouse & Guest: (Full convention is 180.00 each person or Fri. & Sat. evening events only is 130.00 each person)

1. \_\_\_\_\_ Full Convention \$ 180.00 x \_\_\_\_\_ = \_\_\_\_\_

2. \_\_\_\_\_ Fri. & Sat. \$ 130.00 x \_\_\_\_\_ = \_\_\_\_\_  
Evenings Events Only

Children: (Fri. & Sat. Reception & Dinner)

1. \_\_\_\_\_ Age \_\_\_\_\_ Children 6 to 12 \$ 60.00 x \_\_\_\_\_ = \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_ Children 3 to 5 \$ 30.00 x \_\_\_\_\_ = \_\_\_\_\_

**GOLF** (includes box lunch & cart fee) Handicap \_\_\_\_\_ \$ 60.00 per player x \_\_\_\_\_ = \_\_\_\_\_

**\*\*\*Associate Members must register for a Tabletop or be a Sponsor to attend the Convention.** Tabletop Exhibit \_\_\_\_\_  
Sponsorship \_\_\_\_\_

**Make Check Payable to SEMA** or enter charge card information below. **TOTAL PAYMENT** \$ \_\_\_\_\_

**SEMA is now accepting all major credit cards. Add 4% to total if paying with credit card.**

**Please print clearly**

Name on card \_\_\_\_\_ Visa \_\_\_ Master Card \_\_\_ Amer Ex \_\_\_ Discover \_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Zip Code of card \_\_\_\_\_ **Total Amount** \$ \_\_\_\_\_

Signature \_\_\_\_\_

**ATTENDING: (Enter number of persons attending each event)**

**Friday:**  
Spouse/Guest Lunch (full registration) \_\_\_\_\_  
Networking Lunch in Exhibit Area \_\_\_\_\_  
Reception & Dinner \_\_\_\_\_

**Saturday:**  
Networking Breakfast \_\_\_\_\_  
President's Reception & Dinner \_\_\_\_\_

**Please List any food allergies or special dietary needs on the back of the registration form.**

**Mail Completed Form and Payment by May 3, 2017 to: SEMA, P. O. Box 393, Fayetteville, NC 28302**

**REFUND POLICY:** 60 Day Notice – Full Refund | 30 Day Notice – ½ Refund | 20 Day Notice – No Refund