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

PROFESSOR / STUDENT REGISTRATION

UNIVERSITY: _____

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.

Professor Name

1._____ Professor (No Charge) x _____ = _____
(# Attending)

2._____ Spouse/Guest $150.00 x _____ = _____
(# Attending)

Student Name **(2017 Scholarship Recipients, No Charge)**

1._____ Student $ 120.00 x _____ = _____
(# Attending)

2._____

Parents Name(s)

1._____ Friday Dinner $ 60.00 x _____ = _____
(# Attending)

2._____ Saturday Dinner $ 60.00 x _____ = _____
(# Attending)

GOLF (includes box lunch & cart fee) Handicap ____ $ 60.00 per player x _____ = _____

TOTAL PAYMENT $ _____

Make Check Payable to: SEMA or enter credit card information below.

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