



## Cleaning & Sanitation in Food Plants: Issues & Answers

April 15, 2015

Holiday Inn Hotel & Convention Center

Stevens Point, WI

### Who should attend

- ♦ Plant quality assurance, food safety managers and sanitation supervisors
- ♦ Engineers and processors involved in specifying, purchasing, and installing new equipment
- ♦ Food safety professionals involved in the design, implementation and validation of food safety systems
- ♦ Designers, manufacturers, fabricators and technical sales people interested in food plant equipment design and cleanability
- ♦ Academia, extension, consultants and regulatory professionals interested in cleaning, sanitation and food safety and quality management

### Date, Time & Location

**April 15, 2015**

8:00 am - 4:30 pm

**Holiday Inn Hotel & Convention Center**

1001 Amber Ave, Stevens Point, WI 54482

715-344-0200

### Fees\*

Includes Continental Breakfast, Lunch, all materials, and certification.

**\$150.00 MWFPFA Member**

**\$200.00 Non-Member**

\*The cost of lodging is not included in the fee.

### Lodging

The MWFPFA has reserved a block of rooms at the Holiday Inn Hotel for \$99.99 per night. Please ask for the **Midwest Food Processors Group Rate or the Group Block Code: FOP** when reserving your room. Phone: 715-344-0200. Block price cutoff date is **March 15, 2015**.

### Contact us

For more information contact Brian Deschane at our office:  
4600 American Pkwy, Suite 210, Madison WI 53718  
brian.deschane@mwfpfa.org, 608-255-9946

### Cancellation/Substitution Policy

For a full refund cancellations must be received in writing at least 15 days prior to the conference. Registrants who fail to notify MWFPFA of cancellation in advance forfeit all fees paid. A \$75 administration fee will be charged for cancellations received less than 15 days prior to program. Substitutions are welcome.

## Registration Form

Please type, print or attach your business card.

**FAX to (608) 255-9838 -or- MAIL to MWFPFA, 4600 American Pkwy, Suite 210, Madison, WI 53718**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Street Address \_\_\_\_\_ Zip \_\_\_\_\_  
PO Box \_\_\_\_\_ Zip \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

### Payment Type:

☐ Check (Payable to MWFPFA, Fed. ID # 30-0711980)

☐ Purchase Order Number \_\_\_\_\_

☐ Credit Card: ☐ MC ☐ VISA ☐ AMX

Cardholder's Name(print) \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Code \_\_\_\_\_

### Registration Fee:

☐ **\$150.00 MWFPFA Member x # \_\_\_\_\_ = \$ \_\_\_\_\_**

☐ **\$200.00 Non-Member x # \_\_\_\_\_ = \$ \_\_\_\_\_**

Includes Continental Breakfast, Lunch, all course materials and certification.

**use next page for group registrations**

## Additional Attendee Registrations: \_\_\_\_\_ (Company name)

(please add to previous page total)

2	Name _____	Title _____
	Company _____	
	Street Address _____	Zip _____
	PO Box _____	Zip _____
	City _____	State _____
	Telephone _____	Fax _____
	Email Address _____	

3	Name _____	Title _____
	Company _____	
	Street Address _____	Zip _____
	PO Box _____	Zip _____
	City _____	State _____
	Telephone _____	Fax _____
	Email Address _____	

4	Name _____	Title _____
	Company _____	
	Street Address _____	Zip _____
	PO Box _____	Zip _____
	City _____	State _____
	Telephone _____	Fax _____
	Email Address _____	

5	Name _____	Title _____
	Company _____	
	Street Address _____	Zip _____
	PO Box _____	Zip _____
	City _____	State _____
	Telephone _____	Fax _____
	Email Address _____	

6	Name _____	Title _____
	Company _____	
	Street Address _____	Zip _____
	PO Box _____	Zip _____
	City _____	State _____
	Telephone _____	Fax _____
	Email Address _____	