

Registration

Register by **AUGUST 30** & **SAVE 20%**

FOR MORE INFORMATION, CONTACT:

Brian F. Lorge, Executive Director at 734.320.8738 or bflorge@gmail.com
 Randy Smith at 248.982.4603 or randall.smith@usfoods.com
 Mark Dixon at 228.894.9524 or mdixon@meadowbrookcountryclub.com
 Kevin Penn at 734.358.8585 or kpenn@storypoint.com

- ▶ **REGISTER AND PAY ONLINE AT:** www.mccachef.org
- ▶ **MAKE CHECKS PAYABLE TO MICHIGAN CHEFS DE CUISINE**
- ▶ **COMPLETE THE REGISTRATION FORM BELOW, AND RETURN WITH PAYMENT:**

- ▶ **MAIL TO:** Michigan Chefs de Cuisine, Attn: Brian F. Lorge, 4 Vigilance Court, Bolingbrook, IL 60440-1223
- ▶ **SCAN/EMAIL TO:** bflorge@gmail.com **OR**
- ▶ **PHOTO/TEXT TO:** 734.320.8738 (Brian Lorge cell) **NO FAXES!**

Register by August 30 and SAVE 20%	PRICING		GOLF ONLY		GOLF & DINNER		DINNER ONLY	
	SAVE 20%! REGISTER BEFORE 8/30		BEFORE 8/30	AFTER 8/30	BEFORE 8/30	AFTER 8/30	BEFORE 8/30	AFTER 8/30
	MCCA Members, Sponsors, Non-Members, Vendors, Students and Guests.		\$125	\$150	\$250	\$300	\$125	\$150
PLEASE PRINT CAREFULLY AND LEGIBLY. KINDLY PROVIDE ALL INFORMATION REQUESTED.								

1 Name: _____
 ACF Member Member # _____ Non-member
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell phone: _____ Work phone: _____
 E-mail address: _____
 Golf & dinner Golf only Dinner only
 Bringing a guest: Yes No Guest name: _____
 Credit card # _____
 Expiration date: _____ Security code: _____
 Visa Master Card Discover AMEX Check # _____
 Name on card: _____
 Complete billing address: Same as above If different:
 Street, City, State and Zip _____

TOTAL FEE for attendee: _____

2 Name: _____
 ACF Member Member # _____ Non-member
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell phone: _____ Work phone: _____
 E-mail address: _____
 Golf & dinner Golf only Dinner only
 Bringing a guest: Yes No Guest name: _____
 Credit card # _____
 Expiration date: _____ Security code: _____
 Visa Master Card Discover AMEX Check # _____
 Name on card: _____
 Complete billing address: Same as above If different:
 Street, City, State and Zip _____

TOTAL FEE for attendee: _____

3 Name: _____
 ACF Member Member # _____ Non-member
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell phone: _____ Work phone: _____
 E-mail address: _____
 Golf & dinner Golf only Dinner only
 Bringing a guest: Yes No Guest name: _____
 Credit card # _____
 Expiration date: _____ Security code: _____
 Visa Master Card Discover AMEX Check # _____
 Name on card: _____
 Complete billing address: Same as above If different:
 Street, City, State and Zip _____

TOTAL FEE for attendee: _____

4 Name: _____
 ACF Member Member # _____ Non-member
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell phone: _____ Work phone: _____
 E-mail address: _____
 Golf & dinner Golf only Dinner only
 Bringing a guest: Yes No Guest name: _____
 Credit card # _____
 Expiration date: _____ Security code: _____
 Visa Master Card Discover AMEX Check # _____
 Name on card: _____
 Complete billing address: Same as above If different:
 Street, City, State and Zip _____

TOTAL FEE for attendee: _____

GRAND TOTAL FEE FOR GROUP:

Note: This form is your invoice. No additional invoices will be issued. All credit card charges will receive an email receipt.