**“Improving People’s Lives By Changing The Way They Work”**

SDANFP Spring Conference

March 29-31st

Sanford USD Medical Center

1305 W. 18th St.

Sioux Falls, SD 57117

Wednesday March 29th Agenda:

12-1 Check-In

1-2 Sanitation (Mike with Spartan)

2-3 Allergens (Joey Rost)

3-315 Break

3:15-4:15 Recognition Best Practices (Teresa Beach R.D.)

Thursday March 30th Agenda:

(May bring a guest this day for a additional fee)

8- Think 3D

9- Think 3D

10- Think 3D

11- Think 3D

12-1 Business Lunch

1. Think 3D
2. Think 3D
3. Kitchen Tour
4. Shane’s Food Demo

Friday March 31st Agenda:

8:15-9:30 Mayor of Sioux Falls (Motivational Speaker)

9:30-10:30 Renal Diet (Carri Oetken R.D.)

10:45-11:45 Cambro Rep Presentation

**Valley Inn Motel**: Located next to the Event

1000 S Grange Ave,Sioux Falls, SD 57105

**Phone: 605-335-3040**

$84 a night with king suite



**Holiday Inn City Center Downtown**

100 W 8th St, Sioux Falls, SD 57104

**Phone:** **(605) 339-2000**

$109 a night with a king bed

**Registration Form**

**SD ANFP Spring Conference**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conference Pricing**

 **Quantity**

**Wednesday only $45.00 \_\_\_\_**

**Thursday only $75.00 \_\_\_\_\_**

**Friday only $45.00 \_\_\_\_\_**

**Full Conference $150.00 \_\_\_\_\_**

 **Total: \_\_\_\_\_**

**Make checks payable to SD ANFP**

**Send to: Julie Elsen, 413 9th Street, Britton, SD 57430**

**If Paying By Credit Card Fill out Below/ or write in that paying by CC upon arrival**

**Check Credit Card using for Payment**

**Visa MasterCard Discover American Express**

Card Number \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

 Ex Date \_\_ \_\_/\_\_ \_\_ CVV\_\_ \_\_ \_\_ Zip Code \_\_ \_\_ \_\_ \_\_ \_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Payed $\_\_\_\_\_\_\_\_\_\_\_\_