

WISCONSIN RESTAURANT EXPO • 2010

HOT FOOD TEAM COLLEGE COMPETITION REGISTRATION

March 8, 2010 • Milwaukee, WI • Please photocopy for additional competitors at \$40 each



- Registration fees are non-refundable and non-transferable.
- **Registration Deadline: February 15, 2010.** There will be no on-site registration. Student must be present to present plate.
- For the trade only. No one under 16 years of age allowed. This includes baby carriages, strollers, and baby packs.
- 16-17 year old students must be accompanied by an adult.
- **MAIL FORM** to: Wisconsin Restaurant Association, 2801 Fish Hatchery Road, Madison, WI 53713
- **FAX FORM** to: 608.270.9960, ATTN: Carrienne Wolfe

Contact Carrienne Wolfe at 800.589.3211 with questions. Registration Deadline - February 15, 2010

Competition registration \$40

No on-site registration

Operation Type

Check up to three that apply to the operation you work for:

- A. Attractions/sports
- B. Bakery
- C. Bar/lounge
- D. Catering/banquet
- E. Club (public/private)
- F. Coffee shop
- G. Correctional institution
- H. C-store
- I. Deli
- J. Grocery
- K. Hospital/healthcare
- L. Hotel/motel/resort foodservice
- M. Hotel/motel/resort operations
- N. Kiosk/vending carts
- O. Office/plant
- P. Pizza
 - Q. Restaurant chain
 - Q1 Quick service
 - Q2 Fast casual
 - Q3 Full service
 - R. Restaurant independent
 - R1 Quick service
 - R2 Fast casual
 - R3 Full service
- S. School/college

Information

Have you attended any other foodservice trade shows this past year?

- yes no

Is your employer a member of the Wisconsin Restaurant Association?

- yes no

How many days do you plan on attending?

- 1 2 3

Wisconsin Restaurant Expo Badges will be mailed to this address:

Instructor _____
 School Name _____
 Instructor Email _____
 School Address _____
 City _____
 State _____ Zip _____ County _____
 Phone _____ Fax _____

Name _____
 Employer (Employer must be a foodservice or hospitality industry operator. **Otherwise**, please list the school you are currently attending.) _____
 City _____ State _____
 Check here if you need assistance which falls under the Americans With Disabilities Act. (WRA will contact you.)
Job Code 7. Employee 10. Academic 11. Instructor

Student Address (We need your home address to follow up with you after the competition.)

Street Address _____
 City _____
 State _____ Zip _____ Phone _____

One instructor per 10 students is FREE

Payment Information

Full payment must accompany this form or registration will not be processed.
Do not FAX this form without credit card information.

Checks should be made payable to **Wisconsin Restaurant Association**

Charge my total to: AMEX DINERS CLUB DISC MC VISA

Card # _____ Exp. Date (mm/yyyy) _____
 Cardholder Name _____

Signature _____
 Check here if you would like a credit card receipt.

TOTAL \$40

Office use only _____ SCH _____