

# WISCONSIN RESTAURANT EXPO • 2010

## COLD PLATE INDIVIDUAL COLLEGE COMPETITION REGISTRATION

March 8, 2010 • Milwaukee, WI • Please photocopy for additional competitors at \$30 each



Everything Foodservice

- 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 \$30

**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 \$30**

Office use only      SCC