


# 2019 MFRP Alliance & Governmental Food & Feed Lab Meeting Onsite Registration

| REGISTRANT INFORMATION  |                |                 |               |
|---|----------------|-----------------|---------------|
| Full Name   | <i>(First)</i> | <i>(Middle)</i> | <i>(Last)</i> |
| Job Title   |                |                 |               |
| Organization  |                |                 |               |
| Address   |                |                 |               |
| City  | State/Province |                 | Postal Code   |
| Country   | Area Code      | Phone           | Email         |
| Name as you would like it to appear on your Badge:  |                |                 |               |
|  Please indicate any special needs (i.e. diet, adaptive meeting rooms, etc.) |                |                 |               |

| PLEASE LIST YOUR FDA REGION/DISTRICT (STATE ATTENDEES N/A) |
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|  |

## MFRPA COORDINATORS WORKSHOP – MONDAY, FEBRUARY 10, 2020

If you are a program coordinator, do you plan on attending the MFRPA Coordinators workshop on Monday, February 10, 2020

- Yes  
 No

| SUPERVISOR'S INFORMATION |
|--------------------------|
| Supervisor Name:         |
| Supervisor Phone:        |
| Supervisor Email:        |

| PLEASE LIST YOUR POSITION TITLE |
|---------------------------------|
|                                 |