



There's No Place Home

UFDC 75th Annual Convention

Dietary Request Form

Name _____

UFDC Membership Number _____

Food Allergies _____

Diabetic Diet _____

Vegetarian Diet _____

Special food needs due to medical conditions _____

Mail to UFDC 2024 Convention, 10900 N. Pomona Avenue,
Kansas City, MO 64153, postmarked no later than May 20th
or email, no later than May 23rd, to ufdcsherry@ufdc.org.