

CONFERENCE REGISTRATION

IFDA/IFMA Sales & Marketing Conference

July 11-13, 2010 ■ InterContinental Hotel O'Hare ■ Rosemont, IL



**Register & Reserve Your Room
by JUNE 16, 2010**

HOW TO REGISTER

Please type or print legibly.

1. YOUR REGISTRATION INCLUDES:

Conference registration fee covers the program, all meeting materials, and all scheduled meal functions. Hotel, airfare, ground transportation, and other meal arrangements are the responsibility of the participant.

2. USE ONE FORM PER REGISTRANT.

Photocopies of this form are acceptable, unless it is marked "complimentary."

3. PAYMENT: All fees for conference registration (U.S. funds) must accompany this form. IFDA is managing registration for the 2010 conference. IFDA cannot bill you or your company. Checks must be made payable to the **International Foodservice Distributors Association**.

4. CANCELLATION POLICY: All cancellations must be e-mailed to jhunt@ifdaonline.org by June 25, 2010. No refunds will be given after that date. A \$100 processing charge (per person) is applied to all refunds.

5. SPECIAL GROUP DISCOUNT: To take advantage of this rate, at least three attendees from a company must register at the same time. If you have questions, contact the IFDA Registrar at (703) 532-9400 ext. 9938.

TO REGISTER . . .

By Fax:
(703) 880-7117 (open 24 hours)

By Mail:
IFDA
P.O. Box 41632
Baltimore, MD 21203-6632

Online:
Visit the "EVENTS" section at ifdaonline.org and click on the "Sales & Marketing Conference" page. A link to online registration for this event is available on this page.

Questions: Call (703) 532-9400

- Britt Wood** - Overall Program
- Toni Rae Brotons** - Education
- Kathy Devey** - Hotel/Meeting Logistics
- Jodee Hunt** - Registration
- Mendy Cunningham** - Twitter

REGISTRANT INFORMATION

FIRST NAME: _____ LAST NAME: _____

NICK NAME: _____ TITLE: _____

SPOUSE/GUEST NAME (IF REGISTERING): _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ COUNTRY (IF OTHER THAN US): _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS (REQUIRED): _____

Please check here if you require any special services. SPECIFY: _____

REGISTRATION RATES

	1-2 ATTENDEES	3+ ATTENDEES*
<input type="checkbox"/> IFDA/IFMA Member Rate	\$895/person	\$795/person
<input type="checkbox"/> IFDA/IFMA Allied/Associate Rate	\$995/person	\$895/person
<input type="checkbox"/> Guest Rate	\$200/person	

***PLEASE NOTE:** The group rate applies to companies registering three or more attendees. At least three attendees from the company must register at the same time to receive this rate.

PLEASE ALSO NOTE: A "guest" is defined as a spouse, companion, or family member who is not an executive from your company. A guest is a non-meeting attendee who may participate in food and social functions.

PAYMENT INFORMATION

Check Enclosed (US funds made out to International Foodservice Distributors Association) TOTAL \$ _____
Charge to: AMEX MasterCard VISA

CARD NUMBER: _____ EXP. DATE: _____

CARDHOLDER NAME (please print) _____

SIGNATURE (required for all credit card payments) _____

FOR OFFICE USE ONLY	#FLY32010	Accounting Department	Registration Department
DATE REC. _____	INITIALS _____	CASH CREDITED TO _____ BATCH# _____	CO. # _____
PAYMENT: <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> LB		ACCOUNT # _____	TYPE _____ PER# _____
CK# _____ AMOUNT \$ _____		AMOUNT \$ _____	ORDER # _____
CREDIT CARD _____		INITIALS _____ DATE _____	INITIALS _____ DATE _____