

FPDA REGISTRATION FORM

FPDA/ISD JOINT INDUSTRY SUMMIT SEPT. 14-17, 2014 MARRIOTT SAWGRASS RESORT PONTE VEDRA BEACH, FL

FPDA Membership Type: (please select one) ☐ Distributor ☐ Associate Manufacturer ☐ Vendor Associate ☐ Publication

Non-Member Type: (please select one) ☐ Distributor ☐ Manufacturer **Are you a first-time attendee?** ☐ Yes ☐ No

Are you a Young Executive? (Age 40 or younger) ☐ Yes ☐ No

☐ If you are a Young Executive and would like to participate in the YES/ELI Cornhole Tournament, please check this box.

**SUBMIT ONE
FORM FOR
EACH COMPANY
REPRESENTATIVE**

REGISTER 4 WAYS



BY MAIL: FPDA

105 Eastern Ave., Suite 104, Annapolis, MD 21403



BY FAX:

(410) 263-1659



BY EMAIL:

info@fpda.org



ONLINE:

www.fpda.org

Name _____ Badge Name _____

Company Name _____ Title _____

Company Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Email _____ Phone _____ Fax _____

Spouse/Companion Name (if attending) _____ Badge Name _____

Emergency Contact Name _____ Phone _____

Does anyone in your party have special needs? ☐ Yes ☐ No Any special dietary conditions? ☐ Yes ☐ No

If yes, please specify: Name: _____ Condition/Need _____

REGISTRATION FEES	MEMBER		NON-MEMBER		SPOUSE/COMPANION	TOTAL
	BY 8/1/14	AFTER 8/1/14	BY 8/1/14	AFTER 8/1/14		
Distributor Member	\$875	\$975	\$1375	\$1475		\$
Associate & Affiliate Member	\$875	\$975	\$1375	\$1475		\$
Supplier Showcase Table** (Mon. 9/15)	\$800	\$800	\$800	\$800		\$
Spouse/Companion Registration*					\$350	\$
Golf Tournament (Tues. 9/16)	\$350	\$350	\$350	\$350	\$350	\$
Golf Handicap/Average						
Shoe Rental	\$28	\$28	\$28	\$28	\$28	\$
Club Rental (size: _____ <input type="checkbox"/> left <input type="checkbox"/> right)	\$90	\$90	\$90	\$90		\$
Club Rental-Spouse/Companion (size: _____ <input type="checkbox"/> left <input type="checkbox"/> right)					\$90	\$
St. Augustine Historical Tour	\$100	\$100	\$100	\$100	\$100	\$
Golf Pairing: I'd like to play with _____						
Golf Pairing-Spouse/Companion: I'd like to play with _____						
GRAND TOTAL						\$

* **SPOUSE/COMPANION REGISTRATION** includes Opening Reception, Supplier Showcase, Spouse Activity, Closing Dinner

****SUPPLIER SHOWCASE:** (Open to all Associate and Affiliate Attendees) As an FPDA/ISDA Showcase Exhibitor,

we hereby contract with FPDA/ISD for an exhibit table as described in the Rules and Regulations. Table top selection will be determined on a first-come/first-serve basis. Space is limited. Register by August 7, 2014 to ensure your listing in the printed convention directory. **NOTE: Each person working your table MUST BE REGISTERED FOR THE SUMMIT!**

SUPPLIER SHOWCASE:

Person Responsible for Table _____ Email _____

Company Name to appear on Table Top signage _____

Description for Publication of Displayed Products/Services (limit 100 words) _____

Please do not place my booth near (company name) _____

Authorized Signature _____

PAYMENT Total Amount Due: \$ _____

☐ Check enclosed (payable to FPDA) Please charge my: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Card # _____ Exp. date _____ Sec. code _____

Cardholder name _____ Address _____

Cardholder signature _____

Billing Address _____

Attendee Registration Policies: Please make a photocopy of this form and **submit one copy for each company representative attending** the FPDA/ISD Joint Industry Summit. Mail or fax by August 1, 2014 to obtain the early bird registration discount. Register by August 7, 2014 to guarantee listing in the official roster of attendees. After Aug. 7, registration will be on a space available basis.

Cancellation Policies: In order to obtain a refund for convention registration fees, written notice must be received at the FPDA office, by the dates noted below:
By 7/31/14 - full refund By 8/7/14 - 50% refund
After 8/7/14 - no refund