

# 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

 <b>BY MAIL:</b> FPDA 105 Eastern Ave., Suite 104, Annapolis, MD 21403	 <b>BY FAX:</b> (410) 263-1659	 <b>BY EMAIL:</b> info@fpda.org	 <b>ONLINE:</b> www.fpda.org
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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 _____						
					<b>GRAND TOTAL</b>	<b>\$</b>

\* **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 \_\_\_\_\_

**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.

**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 \_\_\_\_\_

**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