

REGISTRATION FORM

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42nd ANNUAL INDUSTRY ADVANCEMENT SUMMIT

APRIL 24 – APRIL 27, 2012

Embassy Suites Hotel Chicago-Downtown-Lakefront Chicago, Illinois

Please Check One: Distributor Associate | **Please check if first time attendee**

Please type or print information, as you would like it to appear on your Registration Badge and in the Official Convention Program. Please submit one copy of this form, or a photocopy for each individual or family attending SHDA's 42nd Annual Industry Advancement Summit.

Payment must accompany your registration. To register by fax, sign this registration form, indicating your VISA, MasterCard, Discover or American Express number, the expiration date and the verification code. Or, mail a copy of the completed form with your check to: SHDA, 105 Eastern Avenue, Suite 104, Annapolis, MD 21403-3300. Delegate registration forms received by March 2, 2012 will qualify for the \$395 early registration, cash discount fee or \$410 early registration credit card fee. The \$465 regular registration, cash discount fee or \$480 regular registration credit card fee will apply to delegate registrations received between March 3, 2012 and March 19, 2012. All delegates registered by March 19, 2012 will appear in the Official Conference Program. Delegate registrations received after March 19, 2012 will pay the \$495 late-faxed-in, cash discount fee or \$510 late-faxed-in credit card fee.

Delegate Name: _____ Badge Nickname: _____

Title: _____ Company Name: _____

Company Address: _____

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

Country: _____ Email: _____

Phone: _____ Fax: _____

Do you have any physical conditions requiring special needs? Yes No If yes, please specify: _____

Do you have any dietary restrictions? Yes No If yes, please list: _____

Spouse Name (if attending): _____ Badge Nickname: _____

Guest/Companion Name: _____ Badge Name: _____

Home Address (spouse/guest correspondence will be mailed to the home, if requested): _____

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

Do you have any physical conditions requiring special needs? Yes No If yes, please specify: _____

Do you have any dietary restrictions? Yes No If yes, please list: _____

Registration Fees / Sign-Up Sheet

Delegate Name: _____	
Delegate Early Registration Fee, cash discount (if paid by March 2, 2012).....	\$395 \$ _____
Delegate Early Registration Fee, credit card payment (if paid by March 2, 2012).....	\$410 \$ _____
Delegate Regular Registration Fee, cash disc. (if paid between March 3 and March 19, 2012).....	\$465 \$ _____
Delegate Regular Registration Fee, credit card pymt. (if paid between March 3 and March 19, 2012).....	\$489 \$ _____
Delegate Late Fax-In Registration Fee, cash disc. (if paid after March 19, 2012).....	\$495 \$ _____
Delegate Late Fax-In Registration Fee, credit card pymt. (if paid after March 19, 2012).....	\$510 \$ _____
Spouse/Companion/Guest Registration Fee, cash discount	\$275 \$ _____
Spouse/Companion/Guest Registration Fee, credit card payment	\$285 \$ _____
Ben Silver Seminar, cash discount (Tuesday, April 24, 2012)	\$150 \$ _____
Ben Silver Seminar, credit card payment (Tuesday, April 24, 2012)	\$155 \$ _____

GRAND TOTAL DUE: \$ _____

For Office Use Only Check Date _____ Check # _____ Invoice # _____

Payment Options

GRAND TOTAL DUE: \$ _____

Enclosed is my check for..... \$ _____

Please make checks payable in US Dollars, to SHDA and mail to: **SHDA**

105 Eastern Ave., Suite 104 Annapolis, MD 21403-3300

Please charge my (Check one):

Visa MasterCard American Express Discover

Account # _____

Exp. Date _____ Ver. Code _____

Name on Card (please type or print)

Card Signature _____

Telephone Inquiries (410) 940-6346

Register by Fax (410) 263-1659

Register Online @ www.shda.org