

# FREE EXPO ONLY PASS REGISTRATION



You Must Register by **OCTOBER 8, 2009**  
to Receive a Complimentary Expo-Only Pass

**OCTOBER 19-21, 2009 | BALTIMORE CONVENTION CENTER | BALTIMORE, MD**

**PLEASE NOTE: Complimentary Pass Hours are**  
**1:00 p.m. - 5:00 p.m. Monday, October 19**  
**1:00 p.m. - 4:00 p.m. Tuesday, October 20**

Register by fax: (703) 880-7117

Questions on registering:  
Call Jodee Hunt at (703) 532-9400

**REGISTRANT INFORMATION** *(Please print and use one form per registrant. Photocopies are acceptable.)*

<input type="checkbox"/> MR.	<input type="checkbox"/> MS.	<input type="checkbox"/> MRS.	FIRST NAME _____	LAST NAME _____	NICKNAME _____
TITLE _____			REGISTRANT E-MAIL (REQUIRED) _____		
COMPANY _____					
ADDRESS _____					
CITY _____			STATE/PROV _____		
ZIP/POSTAL CODE _____			COUNTRY (IF OTHER THAN US) _____		
TELEPHONE _____			FAX _____		
<input type="checkbox"/> Check if you require any special services. SPECIFY: _____ <input type="checkbox"/> Check if you wish to be excluded from exhibitor mailings. <input type="checkbox"/> Check if you are a first-time attendee.					

<b>REGISTRATION RATES</b>	<b>BY OCTOBER 8</b>	<b>AFTER OCTOBER 8</b>
<input type="checkbox"/> Foodservice Distributor .....	COMPLIMENTARY	Unavailable
<input type="checkbox"/> Foodservice Manufacturer* .....	COMPLIMENTARY	Unavailable
Day you wish to attend the EXPO: <input type="checkbox"/> MONDAY OCTOBER 19 <input type="checkbox"/> TUESDAY OCTOBER 20		

**The Expo-Only pass is available only to Foodservice Distributors or Foodservice Manufacturers. The definition of a Foodservice Manufacturer for purposes of registering for this conference is: A producer of food or related products for consumption and use at the operator level.**

**Attendance Policy**

The IFDA Distribution Solutions Conference is a private conference and tradeshow. Only employees or bona-fide representatives of food distribution companies, food manufacturing companies, exhibitors, and pre-approved guests are eligible to attend. Management reserves the right to refuse admittance to any registrant. Product/service demonstration or solicitation of business, including but not limited to literature distribution by non-exhibitors or exhibitors outside their rented exhibit space or in any Show management contracted hotel, is strictly prohibited.\* Show management has the sole discretion and right to immediately remove violator(s) from the Baltimore Convention Center and revoke show credentials from violator(s) without prior notice or hearing. Show management may also, at its discretion, bar any violator(s) from future shows. Children under 16 years of age are not permitted in the exhibit hall. \*Bona-fide show exhibitors are authorized and encouraged (upon written approval of Show management) to hold hospitality events at Show management contracted hotels during non-show hours.

**Please take a moment to answer the following questions:**

*Please check the title that best describes your area of responsibility?*

CEO/President     COO/GM  
 CFO/Finance  
 Vice President, Director, or Manager of:  
 Operations         Distribution  
 Transportation     IT  
 HR                     Supply Chain

*What is your role in purchasing products or services for your company?*

Final Decision Maker  
 Recommend/Research  
 Not Applicable

*Will you visit the exposition to make buying decisions for the coming year?*

Yes     No

*For how many distribution centers do you make buying decisions?*

1-3     4-7  
 8 or more

*What geographical area do you represent?*

NE (US)             Mid-Atlantic (US)  
 SE (US)             South/Central (US)  
 Mid-West (US)     West/SW (US)  
 NW (US)             Canada  
 Other \_\_\_\_\_

*What is the size of your organization by annual sales (\$)?*

250M+             150M - 250M  
 75M - 150M       25M - 75M  
 25M or under

<b>FOR OFFICE USE ONLY</b>	<b>#39209A</b>	<b>Accounting Department</b>	<b>Registration Department</b>
DATE REC. _____	INITIALS _____	BATCH # _____	CO. # _____
PAYMENT: <input type="checkbox"/> MAIL <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> LB		ACCOUNT # _____	TYPE _____ PER# _____
CK# _____	AMOUNT \$ _____	AMOUNT \$ _____	ORDER # _____
CREDIT CARD _____		INITIALS _____	DATE _____