



To Participate, You Must Register by **DECEMBER 21, 2018**

IFDA Executive Development Program for Foodservice Distribution Executives

REGISTRATION FORM

1. REGISTRATION INCLUDES:

The registration fee covers the program tuition, all materials, and room and board at Darden for Modules One and Two. The fee also includes registration to the IFDA Washington Insights Conference.

*Room and Board at Darden includes a room at the Inn at Darden, as well as breakfast, lunch, dinner, snacks, wireless, and use of the fitness center. Cost for room and board at Darden is \$1,800 (\$300 per day, for a total of six days) and cost for program tuition is \$5,450.

2. REGISTRATION DOES NOT INCLUDE:

Airfare and ground transportation are the responsibility of the participant. At the IFDA Washington Insight Conference, hotel and some meals are the responsibility of students.

3. PAYMENT: All fees for conference registration (U.S. funds) must accompany this form. 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 emailed to msom@ifdaonline.org by 12/21/18. No refunds will be given after that date.

REGISTRANT INFORMATION

FIRST NAME: _____ LAST NAME: _____

NICKNAME: _____ TITLE: _____

COMPANY: _____

COMPANY MAILING ADDRESS: _____

CITY: _____ STATE: _____

ZIP/POSTAL CODE: _____ TELEPHONE: _____

EMAIL (REQUIRED): _____

Check here if you require special services or have a food allergy.

PLEASE SPECIFY: _____

REGISTRATION FEE

Program Tuition	Room & Board at Darden*	TOTAL DUE
\$5,450	\$1,800	\$7,250

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) _____

TO REGISTER . . .

Online:
www.ifdaonline.org

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

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

Questions: Call (703) 532-9400
Charlynn Driscoll - Program
Jodee Hunt - Registration

FOR OFFICE USE ONLY

32319

Accounting Department

Registration Department

DATE REC. _____ INITIALS _____

BATCH# _____

CO. # _____

PAYMENT: PHONE FAX LB MAIL

ACCOUNT # _____

TYPE _____ PER# _____

CK# _____ AMOUNT \$ _____

AMOUNT \$ _____

ORDER # _____

CREDIT CARD _____

INITIALS _____ DATE _____

INITIALS _____ DATE _____