



# 2019 PARTNERS EXECUTIVE FORUM DISTRIBUTOR COMPANY REGISTRATION FORM

JANUARY 27-30, 2019 | ORLANDO, FLORIDA  
**Deadline to register: September 28, 2018**

Please PRINT all information when filling out this form. Use multiple forms as needed. All registrants will be included in the onsite pocket directory and app. **NOTE: You must provide a Team Leader and Scheduler when you register your company.** Questions about registering? Contact Jodee Hunt at (703) 532-9400.

**Registration Fees & Policies**  
**THE COMPANY REGISTRATION FORM MUST INCLUDE TEAM LEADER INFORMATION AND SCHEDULER CONTACT INFORMATION.** Once the company is registered, others may register online, or by a printed team registration form at ifdaonline.org.

**\*Spouse Registrants:**  
Spouse/Guest is a non-meeting attendee who may participate in food and social functions. Spouses who are executives at the company should register as a team member.

**Special Services:**  
If you have a disability or dietary need that may affect your participation, please email jhunt@ifdaonline.org at least two weeks prior to the event. IFDA cannot assure accommodation of special needs without prior notification.

**Cancellation Policy:**  
All cancellations must be emailed to msom@ifdaonline.org by December 21, 2018. No refunds will be given after that date. A \$100 processing charge (per person) is applied to all refunds.

**Registration Steps**  
STEP 1: Register Company (including Team Leader and Team Scheduler) by Sept. 28.  
STEP 2: Register Team Members by Dec. 21.

**Registration Fees** (All fees must accompany form. IFDA cannot bill your company.)  
IFDA Foodservice Distributor Members pay a single fee to register their company, and includes as many staff as they desire.  
IFDA Distributor Member Company . . . . . \$1250

**Distributor Company Registration Information**

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CITY/STATE/ ZIP

\_\_\_\_\_  
**TEAM LEADER** EXECUTIVE'S NAME NICKNAME FOR BADGE

\_\_\_\_\_  
TITLE PHONE EMAIL (REQUIRED)

\_\_\_\_\_  
SPOUSE'S NAME IF REGISTERING\* (see spouse policy, left) NICKNAME FOR BADGE

\_\_\_\_\_  
**TEAM SCHEDULER** NAME \_\_\_\_ PLEASE CHECK IF SCHEDULER WILL ATTEND

\_\_\_\_\_  
TITLE PHONE EMAIL (REQUIRED)

\_\_\_\_\_  
Please check if you will attend the Sunday Networking Event.

\_\_\_\_\_  
Please check if you require special services. Please specify: \_\_\_\_\_

**Payment Method** (Registrations without payment attached will not be processed.)  
\_\_\_\_\_  
Check payable to International Foodservice Distributors Association (in U.S. funds) and mailed to the P.O. Box listed below.  
\_\_\_\_\_  
Please charge my: \_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ American Express

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
SIGNATURE

**Registration Methods:**  
**Mail:** International Foodservice Distributors Association  
P.O. Box 41632  
Baltimore, MD 21203-6632  
**Secure Fax:** (703) 880-7117  
**Online:** www.ifdaonline.org/Partners

**FOR OFFICE USE ONLY**

DATE REC. \_\_\_\_\_ INITIALS \_\_\_\_\_

\_\_\_\_ MAIL \_\_\_\_ PHONE \_\_\_\_ E-FAX \_\_\_\_ LB

CK# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

CREDIT CARD \_\_\_\_\_

ACCOUNTING DEPARTMENT

BATCH # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION DEPARTMENT

CO # \_\_\_\_\_

TYPE \_\_\_\_\_ PER# \_\_\_\_\_

ORDER # \_\_\_\_\_

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_