

DSC REGISTRATION FORM

OCTOBER 28-30, 2018

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TX

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		PHONE #	
ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY (IF OTHER THAN US)

I require a special service or have a dietary restriction. Please Specify: _____

Exclude me from exhibitor mailings. Check if you are a first time attendee.

Appearance Release: Photographs, video, and audio recordings may be taken onsite by or on behalf of IFDA during the event. By registering for this event, attendees authorize IFDA to use your name and any such images, photographs, audio recordings, and videos taken onsite in any media without compensation.

JUMP START REGISTRATION: To register for the JUMP START Program, please use the registration form under the "JUMP START" menu item at www.theifdaconference.com.

IFDA MEMBER PRICING:	BY 6/20/2018	AFTER 6/20/2018
<input type="checkbox"/> IFDA Member (Distributor or Partner) (first registrant)	\$795/person	\$895/person
<input type="checkbox"/> IFDA Member (Distributor or Partner) (#2-9 registrants)	\$695/person	\$795/person
FOR 10 OR MORE REGISTRANTS: Contact Jodee Hunt at jhunt@ifdaonline.org to receive pricing of \$495 for all attendees.	\$495/person	\$495/person
NON-MEMBER PRICING		
<input type="checkbox"/> Non-Member Distributor / Manufacturer*	\$895/person	\$995/person

ONE DAY REGISTRATION OPTION	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday Check which day you will attend	\$555/person

EXPO PASS	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday Check which day you will attend	NO CHARGE

OPTIONS FOR ALL	
<input type="checkbox"/> I will attend the Local Facility Tour (details TBD, all conference attendees welcome)	\$45/person
<input type="checkbox"/> I will attend the Tuesday Women in Foodservice Power Breakfast**	NO CHARGE

***Note: You must be a full conference registrant to attend the Women's Power Breakfast.*

***MANUFACTURER REGISTRATION POLICY:** A "Partner" or "Manufacturer" is a producer of food or related products for use at the foodservice operator level. If you manufacture other products or are a service provider (i.e., material handling equipment, software provider, etc.), you must be an exhibitor or IFDA Allied Member to attend this event.

PAYMENT INFORMATION

Check Enclosed (US funds payable to International Foodservice Distributors Association) TOTAL \$ _____

Charge to: AMEX MasterCard VISA

CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER NAME (please print) _____

SIGNATURE (required for all credit card payments) _____

Register for the Conference
BY JUNE 20 AND SAVE!

Register Online:
Go to www.theIFDAconference.com and click "Registration" in the top menu. A link to online registration is available on this page.

Register by secure fax: (972)349-7715

Register by mail:
IFDA
PO Box 41632
Baltimore, MD 21203-6632

Questions on registering:
For registration questions or modifications, please contact 2018 Distribution Solutions Conference Registration at (800) 931-9576 (US & Canada) (972) 349-5556 (International). Or email us at ifda@mcievents.com.

Cancellation Policy: Cancellations must be e-mailed to Mary Som at msom@ifdaonline.org by 9/28/2018. No refunds are available after this date and a \$100 processing charge (per person) is applied to all refunds. Refunds will be issued after November 10. No refunds will be given for "no-shows" at the conference.

OUR MONEY-BACK GUARANTEE
We are confident in the quality of our content and accountable to our attendees. If you attend the 2018 conference and are not satisfied with your experience, notify Mary Som at msom@ifdaonline.org by November 9, 2018 and we will promptly refund your registration fee. The money-back guarantee is only for distributor attendee registrations.

Please take a moment to answer the following questions:

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

Final Decision Maker
 Recommend/Research
 Not Applicable

For how many distribution centers do you make buying decisions?

1-3 4-7
 8 or more

In what geographical area do you work?

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

FOR OFFICE USE ONLY	#DSC2018	Accounting Department	Registration Department
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 _____	INITIALS _____ DATE _____