

# registration form 2016 WF&FSA FLORAL DISTRIBUTION CONFERENCE

Are you a wholesaler? ☐ Yes ☐ No First-time Attendee? ☐ Yes ☐ No Are you an Emerging Leader? ☐ Yes ☐ No

Registrant 1 Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Zone \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Spouse/Companion Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Does anyone in your party have a special need? ☐ Yes ☐ No Name \_\_\_\_\_ Condition/Need \_\_\_\_\_

Registrant 2 Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

First-time Attendee? ☐ Yes ☐ No Are you an Emerging Leader? ☐ Yes ☐ No

Registrant 3 Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

First-time Attendee? ☐ Yes ☐ No Are you an Emerging Leader? ☐ Yes ☐ No

Registrant 4 Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

First-time Attendee? ☐ Yes ☐ No Are you an Emerging Leader? ☐ Yes ☐ No

Registrant 5 Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

First-time Attendee? ☐ Yes ☐ No Are you an Emerging Leader? ☐ Yes ☐ No

**Full Registration includes Opening Reception, Breakfast Thursday and Friday, Lunch Thursday and all Educational Sessions.**

	Before 9/3/16	After 9/3/16	Quantity	Amount	TOTAL
Member Registration – First Five (5) Attendees	\$215 each	\$275 each		\$	\$
Member Registration – all other attendees	\$165 each	\$215 each		\$	\$
Spouse/Companion Registration – with one full registration	\$125 each	\$175 each		\$	\$
Non-Member Registration – First Five (5) Attendees	\$325 each	\$375 each		\$	\$
Non-Member Registration – all other attendees	\$275 each	\$300 each		\$	\$
Logistics Tour	\$35 each	\$50 each		\$	\$
<b>TOTAL FEES DUE (No refunds after Sept. 16, 2016)</b>					\$
Please indicate which UID workshops you will attend: (Thursday, 10/20)					
<input type="checkbox"/> Stop Marketing Like It's 1999 — AM <input type="checkbox"/> Stop Marketing Like It's 1999 — PM <input type="checkbox"/> Inside Sales 101 — AM <input type="checkbox"/> Inside Sales 101 — PM					

## PAYMENT: (Must accompany registration form)

☐ Check enclosed (Payable to WF&FSA)

☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**CANCELLATION POLICIES:** In order to obtain a refund for convention registration fees, written notice of cancellation is required, to be received at the WF&FSA office, by the dates noted below:  
By Sept. 16, 2016 – for Full Refund  
After Sept. 16, 2016 – No Refund



**MAIL TO:** WF&FSA, 105 Eastern Ave., Ste. 104, Annapolis, MD 21403

**ONLINE:** www.wffsa.org **QUESTIONS:** 410-940-6580 or 888-289-3372

**FAX RETURNS TO:** 410-263-1659 **EMAIL:** jhancock@wffsa.org