## 2015 CGA STRATEGIC CONFERENCE

## GROUP REGISTRATION FORM

SEPTEMBER 27 - 29, 2015 | PALM SPRINGS CONVENTION CENTER, PALM SPRINGS, CA

## Register by September 3, 2015 to take advantage of the early registration rate.

The California Grocers Association is offering a \$500 discount for a group of 8 or more. In order to qualify:

- 1. Your group must register together using this form.
- 2. Only full registrations qualify (Spouse Registration is excluded)
- 3. Only one form of payment will be processed for the group.
- 4. Should the group fall below the minimum group size of 8 registrants, the credit card on record will be charged or you will be invoiced for the \$500 discount.

# CALIFORNIA'S CALIFORNIA'S CHURCH OF FOOD CORRESPONDE SORT

## FOUR WAYS TO REGISTER

FAX:	(916) 448-2793 (credit card only)			
ONSITE:	CGA Strategic Conference			
	Registration Desk			

Palm Springs Convention Center

E-MAIL: lhall@cagrocers.com

MAIL: 1215 K Street, Suite 700 Sacramento, CA 95814

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rirst Name	Last Name			
Title	Company			
Address				
City	State/Prov			
Zip/Postal Code	Country (if other than U.S.)			
Telephone	Fax			
E-mail				
& Special Assistance (Please Specify)				

Badges will be held at the onsite registration desk for pickup during registration hours beginning at 8:00 am on Sunday, September 27.

2.	BADGE TYPE - I	PLEASE CHECK	ONE	(see definition of a 'Retailer/Wholesaler' under Registration Instructions.)
	☐ Retailer/Wholesaler	☐ Sponsor ☐ Brok	er 🗖	Supplier □ Visitor

Early Rate Standard Rate

## 3. REGISTRATION FEES

All registrations include: Educational Program, Monday and Tuesday's Breakfast and Lunch hosted by The Illuminators, Conference Evening Receptions, After Hours Social and Illuminators' Special Event.

	Grocery Retailer/Wholesaler All Other Registrants		(After 9/3) \$350 \$650		rocers Associations will receive a 5% discou	.nt
1.	First Name		Last Name			
	Title					
	Telephone		E-mail			
	Address (Only if different from	Key Contact)				
	City		State/Prov			
	Zip/Postal Code		Country (if other	er than U.S.)		
2.	First Name		Last Name			
	Title					
	Telephone		E-mail			
	Address (Only if different from	Key Contact)				
	City		State/Prov			
	Zip/Postal Code		Country (if other	er than U.S.)		

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3. First Name	Last Name
Title	
Telephone	E-mail
Address (Only if different from Key Contact)	
City	State/Prov
Zip/Postal Code	Country (if other than U.S.)
4. First Name	Last Name
Title	
Telephone	E-mail
Address (Only if different from Key Contact)	
City	State/Prov.
Zip/Postal Code	Country (if other than U.S.)
5. First Name	Last Name
Title	
Telephone	E-mail
Address (Only if different from Key Contact)	
City	State/Prov.
Zip/Postal Code	Country (if other than U.S.)
6. First Name	Last Name
Title	
Telephone	E-mail
Address (Only if different from Key Contact)	
City	State/Prov
Zip/Postal Code	Country (if other than U.S.)
7. First Name	Last Name
Title	
Telephone	E-mail
Address (Only if different from Key Contact)	
City	State/Prov
Zip/Postal Code	Country (if other than U.S.)

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8	. First Name	Last Name		_			
	Title			_			
	Telephone	E-mail		_			
	Address (Only if different from Key Contact)			_			
	City	State/Prov.		_			
	Zip/Postal Code	Country (if other than U.S.)		_			
4.	TOTAL AMOUNT DUE						
	REGISTRATION ORDER TOTAL:_ # x Registration Fees \$ = \$						
	Less Group Discount - \$ 500						
	(If Applicable) Less 5% N	Iember Discount - \$ TOTAL = \$					
		101AL = \$					
5.	HOTEL RESERVATION INFORMATION						
	Hotel reservations will be booked through Orchard Event Solutions. Please download the Official Hotel Reservation Form at www.cgastrategicconference.com or call toll-free (800) 989-4006 6:00 am-5:00 pm PST, Mon-Fri to secure your sleeping room and for further information. A special Group Hotel Registration Form is also available to download for groups of 10 or more.						
6.	PAYMENT INFORMATION						
	Registrations WILL NOT be processed without payment.						
	Enclosed is my:	ifornia Grocers Association)	□ AMEX	☐ MasterCard	□ VISA		
	Card No.		Exp. Date	Secur	ity Code		
	Cardholder Name (please print)						
	Signature (required for all credit card payments)						

## GROUP REGISTRATION FORM

#### **INSTRUCTIONS AND RATES**

## Important... Please read instructions before completing registration.

Registration form must include payment.

Badges will be held at the onsite Registration Desk for pickup during registration hours beginning at 8:00 am on Sunday, September 27.

Acknowledgment letters confirming registration will be sent via email, fax or mail to each registrant. If badge corrections or changes are needed, note them on the confirmation and return as instructed in the confirmation letter no later than September 3. After this date, all changes must be made onsite.

A grocery retailer is defined as a store owner or operator who sells products directly to customers, sets or implements retail policies and procedures and is responsible for store conditions and profitability.

A wholesaler is defined as a company that buys directly from a manufacturer and sells to retailers. (This registration rate is limited to full-line grocery wholesalers only.)

#### **PAYMENT**

Payment in U.S. funds by check, VISA, MasterCard, or American Express must accompany this form in order to be processed.

#### **CANCELLATIONS**

To receive a refund for payment of registration, notification must be received in writing no later than September 3, 2015. Registrations received after this date are nonrefundable, but substitutions will be allowed onsite.

### For questions regarding the CGA Strategic Conference:

- · Call (916) 448-3545 or (800) 794-3545
- E-mail: conference@cagrocers.com
- · Website: www.cgastrategicconference.com



### Direct questions to CGA

Phone: (916) 448-3545 or

toll free (800) 794-3545

Fax: (916) 448-2793

E-mail: conference@cagrocers.com www.cgastrategicconference.com