GROUP REGISTRATION FORM

SEPTEMBER 24 - 26, 2017 | PALM SPRINGS CONVENTION CENTER, PALM SPRINGS, CA

FIVE WAYS TO REGISTER

FAX:

ONLINE: www.cgastrategicconference.com

(916) 448-2793 (credit card only)

REGISTER BY SEPTEMBER 1, 2017 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.

l.	REGISTRANT INFORMATION					Registration Desk Palm Springs Convention Center			
	First Name for Badge		_ Last Name		E-MAIL:	jgold@cagrocers.com			
	Title		Company		MAIL:	1215 K Street Suite 700, Sacramento, CA 95814			
	Address								
	City		_ State/Prov						
	Zip/Postal Code		Country (if other th	an 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 24.								
2.		BADGE TYPE - PLEASE CHECK ONE (SEE DEFINITION OF A 'RETAILER/WHOLESALER' UNDER REGISTRATION INSTRUCTIONS.)							
	☐ Retailer/Wholesaler ☐ Sp	oonsor 🗆 Brok	er 🗆 Supplier	□ Visitor					
<u> </u>	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	Early Rate (Through 9/1) \$350 \$650	Standard Rate (After 9/1) \$400 \$700	Members of the California Gro		ns will receive a			
1.	. First Name		_ Last Name						
	Title								
	Telephone		E-mail						
	Address (Only if different from Key Contact)								
	City								
			Country (if other than U.S.)						
			, (
2	. First Name		_ Last Name						
	Title								
	Telephone		E-mail						
	Address (Only if different from Key Contact)								
	City								
	Zip/Postal Code			an U.S.)					

GROUP REGISTRATION FORM

3.	First Name	Last Name
	Title	
		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
	7in/Postal Code	Country (if other than U.S.)

GROUP REGISTRATION FORM

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% Member Discount - \$							
		TOTAL = \$						
5.								
	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.							
	Turtiler illiorination. A special Group Fioter riegistra	tion i offir is also available to download for groups o	1 to di more.					
6.	PAYMENT INFORMATION							
	Registrations WILL NOT be processed without pay	ment.						
ENCLOSED IS MY: ☐ Check (payable to California Grocers Association) ☐ AMEX ☐ MasterCard ☐ VISA								
	Card No.	Exp. Date	Security Code					
	Cardholder Name (please print)							
	Signature (required for all credit card payments)							

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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 24.

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 1. 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 1, 20176. 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

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