

ISD REGISTRATION FORM

FPDA/ISD JOINT INDUSTRY SUMMIT SEPT. 14-17, 2014 MARRIOTT SAWGRASS RESORT PONTE VEDRA BEACH, FL

SUBMIT ONE FORM FOR EACH COMPANY REPRESENTATIVE

ISD Membership Type: (please select one) Distributor Associate

Are you a first-time attendee? Yes No Are you an Emerging Leader? (Age 40 or younger) Yes No

If you are an Emerging Leader and would like to participate in the ELI/YES Cornhole Tournament, please check this box.

REGISTER 4 WAYS



BY MAIL: International Sealing Distribution Assoc.
105 Eastern Ave., Suite 104, Annapolis, MD 21403



BY FAX:
(410) 263-1659



BY EMAIL:
info@isd.org



ONLINE:
www.isd.org

Name _____ Badge Name _____

Company Name _____ Title _____

Company Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Email _____ Phone _____ Fax _____

Spouse/Companion Name (if attending) _____ Badge Name _____

Emergency Contact Name _____ Phone _____

Does anyone in your party have special needs? Yes No Any special dietary conditions? Yes No

If yes, please specify: Name: _____ Condition/Need _____

REGISTRATION FEES	MEMBER BY 8/1/14	MEMBER AFTER 8/1/14	SPOUSE/COMPANION**	TOTAL
Distributor Member	\$820	\$920		\$
Associate & Affiliate Member*	\$1720	\$1820		\$
I will participate in the Supplier Showcase and need a table <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Associate Member	\$920	\$1020		\$
Spouse/Companion Registration**			\$350	\$
Golf Tournament (Tues. 9/16)	\$350	\$350	\$350	\$
Golf Handicap/Average				
Shoe Rental	\$28	\$28	\$28	\$
Club Rental (size: _____ <input type="checkbox"/> left <input type="checkbox"/> right)	\$90	\$90		\$
Club Rental - Spouse/Companion (size: _____ <input type="checkbox"/> left <input type="checkbox"/> right)			\$90	\$
St. Augustine Historical Tour	\$100	\$100	\$100	\$
Golf Pairing: I'd like to play with _____				
Spouse/Companion Golf Pairing: I'd like to play with _____				
GRAND TOTAL				\$

Attendee Registration Policies: Please make a photocopy of this form and submit one copy for each company representative attending the FPDA/ISD Joint Industry Summit. Mail or fax by August 1, 2014 to obtain the early bird registration discount. Register by August 7, 2014 to guarantee listing in the official roster of attendees. After Aug. 7, registration will be on a space available basis.

Cancellation Policies: In order to obtain a refund for convention registration fees, written notice must be received at the FPDA office, by the dates noted below:

By 7/31/14 - full refund
By 8/7/14 - 50% refund
After 8/7/14 - no refund

* **PLEASE NOTE:** The first attendee for each Associate company must register for a table top at the Supplier Showcase program. However, you are not required to exhibit. (Exhibit fee is included in first delegate registration fee)

** **SPOUSE/COMPANION REGISTRATION** includes Opening Reception, Supplier Showcase, Spouse Activity, Closing Dinner

SUPPLIER SHOWCASE: (Open to all Associate and Affiliate Attendees) As an FPDA/ISDA Showcase Exhibitor, we hereby contract with FPDA/ISD for an exhibit table as described in the Rules and Regulations. Table top selection will be determined on a first-come/first-serve basis. Space is limited. Please register by August 7, 2014 to ensure your listing in the printed convention directory. **NOTE: Each person working your table MUST BE REGISTERED FOR THE SUMMIT!**

SUPPLIER SHOWCASE:

Person Responsible for Table _____

Email _____

Company Name to appear on Table Top signage _____

Description for Publication of Displayed Products/Services (limit 100 words) _____

Please do not place my booth near (company name) _____

Authorized Signature _____

PAYMENT Total Amount Due: \$ _____

Check enclosed (payable to ISD) Please charge my: Visa MasterCard AmEx Discover

Card # _____ Exp. date _____ Sec. code _____

Cardholder name _____ Address _____

Cardholder signature _____

Billing Address _____