

registration form

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 _____ Email _____

First-time Attendee? ☐ Yes ☐ No Are you an emerging leader? ☐ Yes ☐ No

Registrant 3 Name _____ Badge Name _____

Title _____ Email _____

First-time Attendee? ☐ Yes ☐ No Are you an emerging leader? ☐ Yes ☐ No

Registrant 4 Name _____ Badge Name _____

Title _____ Email _____

First-time Attendee? ☐ Yes ☐ No Are you an emerging leader? ☐ Yes ☐ No

Registrant 5 Name _____ Badge Name _____

Title _____ Email _____

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.

Event	Before 9/3/15	After 9/3/15	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		\$	\$
TOTAL FEES DUE (No refunds after Sept. 16, 2015)					\$

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, 2015 – for Full Refund

After Sept. 16, 2015 – 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