



STAFDA's 40th Annual Convention & Trade Show

November 6-8, 2016 • Atlanta, GA

**Deadline: Register by Noon (Central) November 2 for \$199;
Registrations after that date must be done on-site for \$235.**

There are no partial/one-day/one-event registration fees or guest passes.

Send form with payment to: P.O. Box 44, Elm Grove, WI 53122-0044 • For Overnight Mail: 500 Elm Grove Rd., Ste. 210, Elm Grove, WI 53122, U.S.A. • Fax: 262/784-5059 • E-mail: info@stafda.org

Company Information

Type of member: Distributor Associate/Mfg. Rep Affiliate (Press)

Company Member Number (if known): _____

Company Name: _____

Key Convention Contact: _____

Mailing Address: _____

Shipping Address: _____

City/State/Zip (Postal Code): _____

Country (if outside U.S.A.): _____

Phone: _____ Fax: _____

E-Mail: _____ Website: _____

Date: _____

Attendee Information

The Registration Fee is \$199 per person. The on-site registration cost is \$235. All adults pay this amount. Please register Spouses/Companions & children on page 25. The highest ranking attending company official should be on the first line, and names should appear in the exact order you want them listed in the Convention Program. Please use the preferred name (i.e. Bob vs. Robert). Under Title/Position, please refer to page 22 for the correct abbreviation.

1st STAFDA Convention? (Please check box)	Job Title	First/Last Name	E-Mail	Fee
<input type="checkbox"/> 1.				\$ _____
<input type="checkbox"/> 2.				\$ _____
<input type="checkbox"/> 3.				\$ _____
<input type="checkbox"/> 4.				\$ _____
<input type="checkbox"/> 5.				\$ _____
<input type="checkbox"/> 6.				\$ _____
<input type="checkbox"/> 7.				\$ _____
<input type="checkbox"/> 8.				\$ _____
<input type="checkbox"/> 9.				\$ _____
<input type="checkbox"/> 10.				\$ _____
<input type="checkbox"/> 11.				\$ _____
<input type="checkbox"/> 12.				\$ _____
<input type="checkbox"/> 13.				\$ _____
<input type="checkbox"/> 14.				\$ _____
<input type="checkbox"/> 15.				\$ _____
<input type="checkbox"/> 16.				\$ _____

Total: \$ _____

Continued on next page

Booth Fees (Associates/Manufacturers Only)

Associate/manufacturer members may request up to one 10' x 20' booth per STAFDA membership. Please select one:

- 10' x 10' booth (\$1,200 U.S.)
- 10' x 20' booth (\$2,400 U.S.)
- No booth space required

Please describe your product line in six words or less for the Convention Program (whether you have a booth or not): _____

If you wish to be next to another company, please list here: _____

(Please be sure registration forms and payment for both companies arrive at the STAFDA office the same week.)

Please list any competing companies you do NOT want to be located near: _____

Spouse/Companion Registration

The registration fee is \$199 per person. Children's fees are: age 12-17 = \$170; age 8-11 = \$140; 7 & under = free. (Tuesday's tours are optional — please see page 10 for details and descriptions. Spouse/companion must be registered for the Convention & Trade Show. There is no additional charge for the tours.) Please check:

<u>Spouse/Companion Name</u>	<u>Child's Name & Age (if attending)</u>	<u>Fee</u>	<u>Tour 1: Shopping</u>	<u>Tour 2: Madison</u>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Total Attendee/Spouse/Child Fees : \$ _____

Total Booth Fees: \$ _____

Total Fees: \$ _____

Payment Information

Check enclosed (Please make checks payable to STAFDA [U.S. funds only] and mail with this form. Do not send check and form separately.)

Credit Card

Credit Card Type: American Express Discover MasterCard Visa

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Signature: _____

Hotel Reservations

For room reservations, please contact the hotels directly. Please see pages 19-20 for details and rate information.