



Questions?

Email: AIFDAmbassadors@gmail.com

"2020 Vision" Ambassador Pre-Registration Form

Name: _____

Email Address: _____

Cell Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Help us get to know you. This has no influence on you being able to register for the "2020 Vision" Ambassador team, we just want to better understand why you wish to participate.

My Floral Background:

- ☐ I'm an experienced designer
☐ I've been doing this for a few years
☐ I'm new to the industry

My AIFD® Symposium Experience:

- ☐ I've been to Symposium many times
☐ I've attended a time or two
☐ This would be my first Symposium

Have you volunteered during an AIFD® Symposium before? Yes ☐ No ☐

Knowing that you will be asked to do a variety of tasks as part of the "2020 Vision" Ambassadors team, tell us what interests you the most. On a scale from 1 to 10, with 1 being the most important, number these activities in the order of importance to you:

- | | |
|---|--|
| _____ Helping designers | _____ Helping set-up the amazing event decor |
| _____ Handling all the beautiful flowers | _____ Meeting new people |
| _____ Getting a sneak-peek behind stage | _____ Getting to know more about AIFD® |
| _____ Having access to the flower rooms | _____ Being able to attend programs |
| _____ Helping attendees have a great experience | _____ Speaking in front of an audience |

*It is recommended that the "2020 Vision" Ambassadors book their stay at our host hotel, the Hilton Chicago. Some of your shifts may start very early or may go very late. Additionally, staying at our host hotel will give you a comfortable place to go when you are between activities or shifts.

☐ I understand that by agreeing to be a part of the "2020 Vision" Ambassadors I must commit to giving a minimum of 6 hours of volunteer service each day.

☐ I also understand that I must be available to attend the 2020 Symposium beginning with the "2020 Vision" Ambassador Orientation happening at 2:00pm June 30 continuing through Noon, July 6th.

☐ I understand that I must provide a valid credit card number and expiration date that will be held for payment in the case I no longer wish to participate or do not uphold my obligations and at which time my credit card will be charged the current General Registration fee.

☐ I understand that I will be asked to do a variety of tasks and that these tasks may happen at any time of the day and may require me to be available early in the morning and/or late into the evening.

☐ I acknowledge that I can lift between 10 and 35lbs and that I can walk and stand for extended periods of time.

Ambassador Signature: _____ Date: _____

Ambassador Coordinator Signature: _____ Date: _____

Once accepted, you must return this signed form with your Symposium Registration form to the AIFD® Office to complete your 2020 Symposium "Vision" Ambassador Registration.