2014 CGA STRATEGIC CONFERENCE

GROUP REGISTRATION FORM

SEPTEMBER 21 - 23, 2014 | PALM SPRINGS CONVENTION CENTER, PALM SPRINGS, CA

Register by August 28, 2014 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.



1. KEY CONTACT

First Name	Last Name		Palm Springs
TitleCompany		MAIL:	1215 K Street, Sacramento, C
Address			ouoramorno, c
City	_ State/Prov		
Zip/Postal Code	Country (if other than U.S.)		
Telephone	_Fax		
E-mail			
& Special Assistance (Please Specify)			
Badges will be held at the onsite registration desk for pi	ckup during registration hours beginning at 8:00 am on Sund	ay, September	21.

2. BADGE TYPE - PLEASE CHECK ONE (see definition of a 'Retailer/Wholesaler' under Registration Instructions.) ☐ Retailer/Wholesaler ☐ Sponsor □ Broker ☐ Supplier ☐ Visitor

3. 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 8/28) \$299 \$599	Standard Rate (After 8/28) \$350 \$650		ations will receive a 5% discount on registration fees.
1.	First Name		Last Name		-
	Title				-
	Telephone		E-mail		-
Address (Only if different from Key Contact)				-	
	City		State/Prov.		-
	Zip/Postal Code		Country (if o	other than U.S.)	-
2.	First Name		Last Name		-
	Title				-
	Telephone		E-mail		-
	Address (Only if different from	Key Contact)			-
	City		State/Prov.		-
	Zip/Postal Code		Country (if o	other than U.S.)	

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3. First Name	Last Name
Title	
	E-mail
	otact)
	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 Con	atact)
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 Con	atact)
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 Con	atact)
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 Con	atact)
City	State/Prov.
Zip/Postal Code	Country (if other than U.S.)

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8	. First Name		_ Last Name				
	Title						
	Telephone		_ E-mail				
	Address (Only if diffe	rent 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 — \$ <u>500</u> (If Applicable) Less 5% Member Discount — \$						
		(117491104510) 2000 0	TOTAL = \$				
5.	HOTEL RESERVATION INFORMATION						
	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.						
6.	PAYMENT INFORMATION						
	Registrations WILL N	OT be processed without payment	t.				
	Enclosed is my:	☐ Check (payable to Californ	ia Grocers Association)	□ AMEX	☐ MasterCard	□ VISA	
	Card No.			E	xp. Date		Security Code
	Cardholder Name (ple	ease print)					
	Signature (required for	or all credit card payments)					

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 21.

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 August 28. 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 August 28, 2014. 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

E-mail: conference@cagrocers.com www.cgastrategicconference.com