

# REGISTRATION FORM

44TH ANNUAL INDUSTRY ADVANCEMENT SUMMIT

Embassy Suites Hotel, Chicago-Downtown-Lakefront | Chicago, Illinois | April 29 – May 2, 2014

REGISTER BY  
**FEBRUARY 28**  
AND SAVE \$70!

ALSO RECEIVE 1ST CHOICE  
OF MANUFACTURER  
SUITE LOCATION!

Please Check One: ☐ Distributor ☐ Associate Please check if first time attendee ☐ Yes ☐ No

Please type or print information, as you would like it to appear on your Registration Badge and in the Official Convention Program.

**Submit one copy of this form for each individual or family attending the Summit. Photocopy form for additional registrants.**

Payment must accompany your registration. To register by fax, sign this registration form, indicating your VISA, MasterCard, Discover or American Express number and the expiration date. Or, mail a copy of the completed form with your check to: SHDA, 105 Eastern Avenue, Suite 104, Annapolis, MD 21403-3300. Delegate registration forms received by February 28, 2014 will qualify for the \$395 early registration, check discount fee or \$410 early registration credit card fee. The \$465 regular registration, check discount fee or \$490 regular registration credit card fee will apply to delegate registrations received between March 1, 2014 and March 17, 2014. All delegates registered by March 17, 2014 will appear in the Official Conference Program. Delegate registrations received after March 17, 2014 will pay the \$490 late-faxed-in, check discount fee or \$510 late-faxed-in credit card fee.

Delegate Name \_\_\_\_\_ Badge Nickname \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Do you have any physical conditions requiring special needs? ☐ Yes ☐ No If yes, please specify. \_\_\_\_\_

Do you have any dietary restrictions? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

Spouse Name (if attending) \_\_\_\_\_ Badge Nickname \_\_\_\_\_

Guest/Companion Name \_\_\_\_\_ Badge Nickname \_\_\_\_\_

Do you have any physical conditions requiring special needs? ☐ Yes ☐ No If yes, please specify. \_\_\_\_\_

Do you have any dietary restrictions? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

## REGISTRATION FEES/ SIGN UP SHEET

DELEGATE NAME \_\_\_\_\_

REGISTRATION	PAY BY CHECK DISCOUNT	CREDIT CARD	TOTAL
Delegate Early Registration Fee (If paid by 2/28/14)	\$395	\$410	\$
Delegate Regular Registration Fee (If paid between 3/1/14 and 3/17/14)	\$465	\$490	\$
Delegate Late-Fax-In Registration Fee (If paid after 3/17/14)	\$495	\$510	\$
Spouse/Companion/Guest Registration Fee	\$275	\$285	\$
Ben Silver Seminar (Tuesday, April 29, 2014)	\$150	\$165	\$
Total Fees Due for Attendee:			\$
My company would also like to contribute to the Ben Silver Fund. I have enclosed a contribution of			\$

**EARLY BIRD REGISTRATION DEADLINE** – February 28, 2014

**HOTEL SLEEPING ROOM DEADLINE** – April 4, 2014

**PROGRAM BOOK** – March 17, 2014 for inclusion in the Official 44th Annual Industry Advancement Summit Program. Registrations received after this deadline will appear on the supplemental registration list available onsite at the Annual Summit.



Mail Registrations being paid by check to:

SHDA, 105 Eastern Ave., Suite 104, Annapolis, MD 21403-3300.

Make all checks payable to SHDA. Register online at [www.shda.org](http://www.shda.org)

## PAYMENT OPTIONS

GRAND TOTAL DUE: \$ \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_

Please make checks payable in U.S. dollars, to SHDA.  
Mail to: SHDA, 105 Eastern Ave., Suite 104,  
Annapolis, MD 21403.

**NOTE: If you are paying by credit card, please consider paying online at [shda.org](http://shda.org) for added security.**

Please charge to my (check one):

☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name on card (please type or print) \_\_\_\_\_

Card Signature \_\_\_\_\_

**TELEPHONE INQUIRIES** (410) 940-6346

**REGISTER BY FAX** (410) 263-1659

**REGISTER ONLINE** [www.shda.org](http://www.shda.org)

## FOR OFFICE USE ONLY

Check Date \_\_\_\_\_

Check # \_\_\_\_\_ Invoice # \_\_\_\_\_