GROUP REGISTRATION FORM

SEPTEMBER 25 - 27, 2016 | PALM SPRINGS CONVENTION CENTER, PALM SPRINGS, CA

REGISTER BY SEPTEMBER 1, 2016 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.

*	CGA STRATEGIC CONFERENCE 2016			
Reshaping				
Retail				

FOUR WAYS TO REGISTER

FAX: (916) 448-2793 (credit card only)

ONSITE: Registration Desk

Palm Springs Convention Center

E-MAIL: Ihall@cagrocers.com **MAIL:** 1215 K Street Suite 700,

1215 K Street Suite 700, Sacramento, CA 95814

				_
1	$\nu = \nu$	CON	ITA	r
	r = r			.

First Name	Last Name
Title	Company
Address	
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 pickup during registration hours beginning at 8:00 am on Sunday, September 25.

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 9/1) \$350 \$650	Standard Rate (After 9/1) \$400 \$700	Members of the California Grocers Associations will receive a 5% discount on registration fees.
1.	First Name		Last Name	
	Title			
	Telephone		E-mail	
	Address (Only if different from K	(ey Contact)		
	City		State/Prov	
	Zip/Postal Code		Country (if other t	nan U.S.)
2.	First Name		_ Last Name	
	Title			
	Telephone		_ E-mail	
	Address (Only if different from K	(ey Contact)		
	City		State/Prov	
	7in/Postal Code		Country (if other t	nan II S)

GROUP REGISTRATION FORM

3.	First Name	Last Name
	Title	
	Telephone	E-mail
	Address (Only if different from Key Contact)	
	City	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 Contact)	
	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 Contact)	
	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 Contact)	
	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 Contact)	
	City	State/Prov
	7' /D	

GROUP REGISTRATION FORM

8.	First Name	Last Name	
	Title		
	Telephone	E-mail	
	Address (Only if different from Key Contact)		
	City	State/Prov	
	Zip/Postal Code	Country (if other than U.S.)	
4.	TOTAL AMOUNT DUE		
	REGISTRATION ORDER TOTAL: # x Re	gistration Fees \$ = \$	
		Less Group Discount - \$500	
	(If Applicable) L	ess 5% Member Discount – \$	
		TOTAL = \$	
5.	HOTEL RESERVATION INFORMA	ATION	
	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 NOT be processed without page	/ment.	
	ENCLOSED IS MY: □ Check (payable to California Grocers Association) □ AMEX □ MasterCard □ VISA		
	Card No.	Exp. Date	Security Code
	Cardholder Name (please print)		
	Signature (required for all credit card payments) _		

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 25.

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 September 1. 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 September 1, 2016. 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