REGISTRATION FORM

SHDA 46TH ANNUAL INDUSTRY ADVANCEMENT SUMMIT

MONDAY, MAY 2 - THURSDAY, MAY 5, 2016 | EMBASSY SUITES DALLAS-FRISCO | FRISCO, TEXAS | PRE-SUMMIT GOLF OUTING - MONDAY, MAY 2 | 8:00 AM

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. Please submit one copy of this form, or a photocopy for each individual or family attending SHDA's 46th Annual Industry Advancement Summit.

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 March 7, 2016 will qualify for the \$395 early registration cash discount fee or \$410 early registration credit card fee. The \$465 regular registration, cash discount fee or \$480 regular registration credit card fee will apply to delegate registrations received between March 8, 2016 and March 21, 2016. All delegates registered by March 21, 2016 will appear in the Official Conference Program. Delegate registrations received after March 21, 2016 will pay the \$495 late-faxed-in, cash discount fee or \$510 late-faxed-in credit card fee.

Delegate Name	Badge Nickname			
Title	Company Name			
Company Address				
City	State/ProvinceZip/Postal Code			
Country	Phone			
FaxEmail				
Do you have any physical conditions requiring special needs? \square Yes \square	lo 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 (if attending)	Badge Nickname			
Home Address (spouse/guest correspondence will be mailed to the home, if requested)				
City	State/Province Zip/Postal Code			
Country	_Phone			
Do you have any physical conditions requiring special needs? Tes Do If yes, please specify.				
Do you have any dietary restrictions? 🗆 Yes 🗀 No If yes, please list:				

DELEGATE NAME

REGISTRATION	CHECK DISCOUNT	CREDIT CARD	TOTAL	
Delegate Early Registration Fee (If paid by 3/7/16)	\$395	\$410	\$	
Delegate Regular Registration Fee (If paid between 3/8/16 and 3/21/16)	\$465	\$480	\$	
Delegate Late-Fax-In Registration Fee (If paid after 3/21/16)	\$495	\$510	\$	
Spouse/Companion/Guest Registration Fee	\$275	\$290	\$	
Ben Silver Seminar (Tuesday, May 3, 2016)	\$99	\$105	\$	
Golf Tournament (Monday, May 2, 2016 at 8:00 am)	\$130	\$130	\$	
Delegate Club Rental (indicate □ left or □ right) tax included	\$55	\$55	\$	
Indicate handicap Average Score I'd like to play with				
Spouse/Guest Club Rental* (indicate □ left or □ right) tax included	\$55	\$55	\$	
Total Fees Due for Attendee:			\$	
GRAND TOTAL			\$	

^{*} Spouses will be paired with the Delegate Spouse unless otherwise indicated

PAYMENT OPTIONS

Enclosed is my check for \$ _____ Make checks payable in U.S. dollars, to SHDA and 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 for added security.

□VISA □MasterCard □Discover □AmEx

Account # _____

Exp. Date _____

Verification Code _____

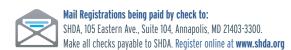
Name on Card _______

(please type or print)

TELEPHONE INQUIRIES 410-940-6346 REGISTER BY FAX 410-263-1659 REGISTER ONLINE www.shda.org

Signature ___

Please charge to my (check one):



FOR OFFICE USE ONLY		
Check Date	Check #	Invoice #