

EARLY BIRD REGISTRATION  
**MARCH 7**

HOTEL RESERVATION DEADLINE  
**APRIL 11**

# 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/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 (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?  Yes  No If yes, please specify: \_\_\_\_\_

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

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

### PAYMENT OPTIONS

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 <input type="checkbox"/> left or <input type="checkbox"/> right) tax included	\$55	\$55	\$
Indicate handicap Average Score _____ I'd like to play with _____			
Spouse/Guest Club Rental* (indicate <input type="checkbox"/> left or <input type="checkbox"/> right) tax included	\$55	\$55	\$
Total Fees Due for Attendee:			\$
<b>GRAND TOTAL</b>			<b>\$</b>

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](http://shda.org) for added security.**

Please charge to my (check one):

VISA  MasterCard  Discover  AmEx

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

Exp. Date \_\_\_\_\_

Verification Code \_\_\_\_\_

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

Signature \_\_\_\_\_

TELEPHONE INQUIRIES 410-940-6346

REGISTER BY FAX 410-263-1659

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

\* Spouses will be paired with the Delegate Spouse unless otherwise indicated



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)

FOR OFFICE USE ONLY

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