

# ATTENDEE REGISTRATION FORM

You can also register online by visiting: [SHDA.org/conference](http://SHDA.org/conference)

## 50TH ANNUAL INDUSTRY ADVANCEMENT SUMMIT

MONDAY, MAY 4, 2020 – FRIDAY, MAY 8, 2020 | EMBASSY SUITES DALLAS-FRISCO

PRE-SUMMIT GOLF OUTING & TENNIS – MONDAY, MAY 4 – 8:00 AM

Please Check One: ☐ Distributor ☐ Associate

☐ Please check if first time attendee

**For immediate processing, please register at [www.SHDA.org/conference](http://www.SHDA.org/conference).** If you are not able to register online please type or print information as you would like it to appear on your Registration Badge and in the Official Summit Program. Please submit one copy of this form for each individual attendee of SHDA's 50<sup>th</sup> Annual Industry Advancement Summit.

**Payment must accompany your registration.** Register at [SHDA.org/conference](http://SHDA.org/conference) or mail a copy of the completed form with your check to: SHDA, 180 Admiral Cochrane Dr., Suite 370, Annapolis, MD 21401. *Attendee registration forms received by March 4, 2020 will qualify for the \$395 early registration fee. The \$465 regular registration fee will apply to attendee registrations received between March 5, 2020 and March 18, 2020. All delegates registered by March 18, 2020 will appear in the Official Summit Program. Attendee registrations received after March 18, 2020 will pay the \$495 late registration fee and may not appear in the Official Summit Program.*

Attendee Name \_\_\_\_\_ Name on Badge \_\_\_\_\_  
Title \_\_\_\_\_ Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Do you have any physical conditions requiring special needs or dietary restrictions? ☐ YES ☐ NO If yes, please specify. \_\_\_\_\_

Please list Emergency contact person's name and phone \_\_\_\_\_

Guest/Companion Name \_\_\_\_\_ Name on Badge \_\_\_\_\_  
Guest/Companion Email \_\_\_\_\_

Do you have any physical conditions requiring special needs or dietary restrictions? ☐ YES ☐ NO If yes, please specify. \_\_\_\_\_

### REGISTRATION FEES/ SIGN UP SHEET

Attendee Name \_\_\_\_\_

Attendee Early Registration Fee (If paid by March 4, 2020)	\$395	\$
Attendee Regular Registration Fee (If paid between March 5 and March 18, 2020)	\$465	\$
Late-Email-In Registration Fee (If paid after March 18, 2020)	\$495	\$
Guest/Companion Registration Fee	\$275	\$
Ben Silver Seminar & Breakfast (Tuesday, May 5, 2020) <input type="checkbox"/> Yes <input type="checkbox"/> No	Included	
Golf Tournament (Monday, May 4, 2020)	\$140	\$
Golf Club Rental (Select one: <input type="checkbox"/> Left <input type="checkbox"/> Right)	\$50	\$
Tennis Tournament (Monday, May 4, 2020)	\$35	\$
Racquet Rental <input type="checkbox"/> Yes <input type="checkbox"/> No	Included	\$
Frisco Rough Riders Off-Site Networking Reception (Tuesday, May 5, 2020)	\$50	\$
<b>Total Fees Due for Attendee:</b>		<b>\$</b>
My company would also like to contribute to the Ben Silver Fund. I have enclosed a contribution of \$ _____		\$
<b>GRAND TOTAL DUE:</b>		<b>\$</b>

**04**  
**MARCH 4**  
**Early Bird Deadline**

### PAYMENT OPTIONS

Enclosed is my check for \$ \_\_\_\_\_ (Please make checks payable in U.S. dollars, to SHDA)

**Mail to:** SHDA, 180 Admiral Cochrane Dr., Suite 370, Annapolis, MD 21401

**NOTE:** If you are paying by credit card, please register at [SHDA.org/conference](http://SHDA.org/conference). SHDA will not accept credit card numbers over the phone or enclosed in the mail.

**SHDA** 50  
YEARS

[WWW.SHDA.ORG](http://WWW.SHDA.ORG)