



NEWFDA
 NorthEast Wholesale Food Distributors Association

NEWFDA 2017 Convention Registration

Fort Lauderdale Marriott Harbor Beach Resort & Spa
 Ft. Lauderdale, FL
 February 8 -11, 2018

Rate Information

Occupancy Rates (per person)	Children's Rates (Apply when sharing room with one or more paying adults)	Registration Fee
Double: \$1995	Under age 2: Free	Members-Included with stay
Single: \$2495	Age 3 – 10: \$450	Non-Members (per room)
Suite Double Occupancy: \$2995	Age 11 – 17: \$500	\$350

Registrant Information

Company: _____ Name: _____

Name as it will appear on your badge: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____
 (*Home address required for home delivery)

Phone: _____ Fax: _____ Email: _____

Spouse's Name & E-mail Address (if applicable): _____

Flights: Please check the appropriate box: I would like NEWFDA to arrange my flight reservations I will make my own flight reservations

Registrant Names	GUEST ROOM FEE			AIRFARE				GOLF		Child Age 3-10 \$450/child Age 11-17 \$500/child	Date of Birth	Registration Fee (Member) Included w/Room Registration Fee (Non-Member) \$350 Room	Additional Nights Per Night \$450: Std \$695: Suite	Total
	Double Occ. Feb. 8-11 \$1995 pp	Single Occ. Feb. 8-11 \$2495 pp	*Suite Dbl Occ. Feb. 8-11 \$2995 pp	Airfare: Newark: Feb. 8-11 MARKET	Airfare: Boston Feb. 8-11 MARKET	Airfare: Hartford Feb. 8-11 MARKET	Airfare: Man – NH Feb. 8-11 MARKET	Golf \$200 pp	Golf Club Rental \$75					

*Rate includes accommodations, resort fees, family activities, daily breakfast & dinner, entertainment, and taxes.

**Suites are limited; please register early if you would like to reserve a suite.

Airfare pricing is separate: MARKET RATES ON FLIGHTS BOOKED THROUGH NEWFDA

Payment Method

AMEX Visa Mastercard Check (Please make checks payable to NEWFDA)

Card #: _____ Cardholder Name: _____ Exp: _____ Charge Amount: \$ _____ Signature: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown and agrees to perform the obligation set forth in the Cardholder's agreement with the issuer.

Mail with check or credit card information to: NEWFDA, P.O. Box 2826, Duxbury MA 02331 · E-mail Kgriffin@NEWFDA.org · Telephone: (781) 829-6715 Cell: (617) 922-4300