

CONFERENCE COORDINATOR INFORMATION

Name (First, Last) _____
 Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fax _____
 Email _____

- I will be attending the conference
 I will not be attending the conference

Active Distributor member companies pay a flat fee to register for the 2012 Business & Leadership Conference. The fee is based upon each company's 2012 membership dues. There is no limit to the number of individuals Active Distributor members may register to attend the Conference for the single company fee. However, participating distributor companies are requested to host a minimum of three tables to accommodate manufacturer appointment requests.

IMPORTANT DEADLINES

HDMA MUST receive all invoice payments in full prior to receiving the final appointment schedule during the week of May 7, 2012. Registration deadlines must be met in order to be included in the conference attendee list. *Company Registration: Monday, April 16, 2012; Individual Registration: Wednesday, June 6, 2012*

TABLE 1 TABLE TOPIC:

Table Captain: First Name _____ Last Name _____
 Title _____ Email _____
 Phone _____ Cell _____
 Emergency Contact/Relationship (for HDMA internal use only) _____ Cell _____

I have I do not have the following physical limitations or dietary needs: _____

HBW Forum – Driving OTC/HBW sales in independent pharmacy Yes, I will be attending the HBW Keynote/Luncheon Monday, June 11 only

Yes, I will be attending the HBW Program Monday, June 11-Tuesday, June 12 (no Monday one-on-one business appointments)

My spouse/guest will be attending for an additional \$200*. (Please complete a spouse/guest registration form)

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Please make copies of this registration form to include additional attendees.

TABLE 2 **TABLE TOPIC:**

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FOUR EASY WAYS TO REGISTER!

1. Online: www.HealthcareDistribution.org/blc.asp

2. Secure and Confidential Fax: If paying by credit card, fax this form to HDMA Meetings & Conferences Department at (703) 812-0539

3. Mail: If paying by check, mail this form to HDMA, P.O. Box 79462, Baltimore, MD 21279-0462

No priority or overnight mail can be accepted at this address.

4. Email: reg@hdmanet.org

*Spouse/guest rate must be accompanied by one full paid registration and is not applicable to company attendees.

Cancellation Policy: visit www.HealthcareDistribution.org/blc.asp for cancellation and registration transfer information.

Questions — Contact HDMA’s Meetings & Conferences Department at (703) 885-0278.