

HDMA 2012 DISTRIBUTION MANAGEMENT CONFERENCE AND TECHNOLOGY EXPO

CO-HOSTED WITH THE INTERNATIONAL FEDERATION OF PHARMACEUTICAL WHOLESALER



Sunday, March 11–Wednesday, March 14, 2012

JW Marriott Orlando Grande Lakes | Orlando, Florida

SUBSTITUTE ATTENDEE REGISTRATION FORM

Registrations are transferable among individuals from the same company at no additional charge through **Friday, February 17, 2012**. A \$100 processing fee will apply for any substitution requests received after **Friday, February 17, 2012**.

Please note that the conference is designated as an adult only event.

SUBSTITUTE INFORMATION HDMA Member IFPW Member Non-Member

Please type or print clearly. Complete one form per registrant. Payment must accompany registration form.

I am substituting for _____

Name _____ Nickname for badge _____

Title _____ Company* _____

Mailing address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____ Cell _____

Emergency Contact Name** _____

Relationship _____ Cell _____

I have the following physical limitations or dietary needs: _____

I do not have any physical limitations or dietary needs.

My spouse/guest _____ will attend. (Please complete a spouse/guest registration form. A \$200 registration fee applies. Forms can be found online at www.HealthcareDistribution.org/dmc.asp).

* *Non-member service provider companies must exhibit to attend. Contact Vicki Lindberg, Manager, Meetings & Conferences at (703) 885-0280 or vlindberg@hdmanet.org.*

** *For HDMA internal use only.*

THREE EASY WAYS TO REGISTER



SECURE AND CONFIDENTIAL REGISTRATION FAX (703) 812-0539



MAIL HDMA | P.O. Box 79462 | Baltimore, MD 21279-0462



E-MAIL reg@hdmanet.org

QUESTIONS? Contact HDMA's Meetings & Conferences Department at meetings@hdmanet.org or (703) 885-0278.

PAYMENT METHOD

\$ **\$100** Processing Fee (for substitution requests received after Friday, February 17, 2012).

\$ _____ **TOTAL Enclosed**

Check (payable to HDMA in U.S. funds)

Credit Card: MasterCard Visa AmEx # _____ Exp. date ____/____/____

Signature _____

Credit card holder's name and billing address if different from registrant:

Name (as it appears on the card) _____

Billing address _____

City _____ State _____ Zip _____

• *Payments to HDMA are not tax deductible as charitable contributions for federal income tax purposes. However, they are deductible under other provisions of the Internal revenue Code. HDMA Tax I.D. #13-1088150.*

• *Registrations and badges can not be shared.*

CANCELLATION POLICY

Cancellation requests must be made in writing and postmarked **no later than Friday, February 17, 2012**, for a partial refund. A \$200 processing fee applies to cancellations postmarked by this date. **NO REFUNDS will be made for cancellations made after Friday, February 17, 2012.**