

WASHINGTON PUBLIC POLICY CONFERENCE

“A Day in Washington” brings senior level retailer and wholesaler executives together with Members of Congress and Administration officials to address public policy issues affecting our industry.

March 17-18, 2010

HYATT REGENCY WASHINGTON
ON CAPITOL HILL

400 New Jersey Avenue, NW
Washington, DC





2010 WASHINGTON PUBLIC POLICY CONFERENCE

"A Day in Washington"

March 17-18, 2010 • Hyatt Regency Washington, Washington, D.C.

Sponsored by FMI, N.G.A. and FIAE



REGISTRATION

(Please type or print.)

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS PHONE (_____) _____ FAX (_____) _____

Cell Phone: _____ E-mail: _____

Congressional Representative _____ Congressional District _____

NAME _____

NICKNAME _____

POSITION/TITLE _____

SPOUSE _____

NICKNAME _____

CHILD(REN) /AGES _____

REGISTRATION FEES

(Check appropriate fees and member type. Registration fees are deductible as ordinary and necessary business expenses.)

For Retailers, Wholesalers or State Associations that register 5 or more Retail and/or Wholesale Executives the registration fee is \$100 each.

- ☐ Retailer/Wholesaler \$150
☐ Spouse \$ 75
☐ Youth FREE

☐ I will be participating in the Capitol Hill visits on Wednesday, March 18th.

FOR RETAILERS ONLY: Please identify your wholesaler: _____

HOTEL RESERVATIONS

Hyatt Regency Washington
400 New Jersey Avenue, N.W., Washington, D.C. 20001
tel: (202) 737-1234

Hotel accommodations are available through N.G.A. until February 24, 2010. After this date, please contact the hotel directly. Rooms subject to availability.

Hotel cancellation: 24 hours prior to arrival to avoid a one-night cancellation assessment.

One night deposit required: ☐ King Bed ☐ 2 Double Beds

☐ \$289 Single/Double Occupancy

☐ \$339 Triple Occupancy

☐ \$314 Double Occupancy

☐ \$364 Quadruple Occupancy

Hotel is Non-Smoking

Other Requests: _____

ARRIVAL DATE _____ DEPARTURE DATE _____ DEPARTURE TIME _____ a.m./p.m.

SHARING ROOM WITH _____

☐ **NO THANK YOU, I do not require hotel accommodations.**

☐ Enclosed is my check for \$_____ Made Payable to **National Grocers Association** in U.S. currency to cover.

OR ☐ Registration and Hotel Deposit ☐ Registration only ☐ Hotel Deposit only

Please charge my credit card for: \$_____ ☐ VISA ☐ MasterCard ☐ Discover Card ☐ AMEX

☐ Registration and Hotel Deposit ☐ Registration only ☐ Hotel Deposit only

No. _____ Exp. Date _____

Cardholder Name is: _____ Signature _____

All room rates subject to 14.5% District tax which includes the occupancy tax per room per night.

CANCELLATION POLICY: All cancelled registrations are subject to a \$25 processing fee. A refund will be issued if **WRITTEN** notification is received no later than March 3, 2010. No refunds will be issued after March 3, 2010.

☐ Please check here if you require any special assistance to fully participate.

