



2011-A Day in WASHINGTON



March 30-31, 2011
Hyatt Regency Washington
On Capitol Hill

400 New Jersey Avenue, NW
Washington, DC



SCHEDULE AT A GLANCE

Wednesday, March 30

- 11:00 a.m. – 6:00 p.m. **Registration Open**
- 3:30 p.m. – 5:30 p.m. **General Session**
Presentation of Awards
- Issues Briefing**
- 6:00 p.m. – 7:00 p.m. **Reception**
- (for all registrants)*

Thursday, March 31

- 8:15 a.m. – 9:15 a.m. **Breakfast**
Viewpoints from the Senate
- 9:45 a.m. – 5:00 p.m. **Congressional Office Visits**
- 11:00 a.m. – 4:00 p.m. **Hill Appointments Room**
- 11:30 a.m. – 1:30 p.m. **Lunch**



2011 - A Day In Washington

March 30-31, 2011

Hyatt Regency Washington, Washington, D.C.

Sponsored by N.G.A., FMI 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 Thursday, March 31st.

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 March 7, 2011. 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

☐ \$299 Single/Double Occupancy

☐ \$374 Quadruple Occupancy

☐ \$349 Triple 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 \$50 processing fee. A refund will be issued if **WRITTEN** notification is received no later than March 16, 2011. No refunds will be issued after March 16, 2011.

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

