

**2015 Day In Washington**  
**Annual Supermarket Industry Fly-In**  
**April 15 – 16, 2015**  
**Hyatt Regency on Capitol Hill**  
**Washington, D.C.**

**Registration Form (Please type or print)**

Name: \_\_\_\_\_ Badge Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ (please check the spouse registration box below.)  
 Child (age): \_\_\_\_\_ (please check the child registration box below.)  
 Congressional Representative: \_\_\_\_\_ Congressional District: \_\_\_\_\_  
 For RETAILERS ONLY: Please identify your wholesaler: \_\_\_\_\_

**Flight/Train Information**

Arrival Date & Time: \_\_\_\_\_ Departure Date & Time: \_\_\_\_\_

**Hotel – Hyatt Regency on Capitol Hill, 400 New Jersey Avenue, NW, Washington, DC 20001**

To make hotel reservations, please call Central Reservations at 1-888-421-1442 and refer to the group and meeting name, *National Grocers Association/Food Marketing Institute*. **Reservation Deadline is March 16, 2015.** Rates are \$339/Single and \$364/Double. Room rates are quoted exclusive of applicable service, or hotel specific fees in effect at the Hotel at the time of the meeting, which are currently 14.5%.

**Individual Registrant**

☐ Retailer/Wholesaler \$150    ☐ Spouse \$75    ☐ Youth- Complimentary    ☐ State Association Executive- Complimentary\*  
(if bringing retailers/wholesalers\*)

**Group Registration** - For Retailers, Wholesaler or State Associations that register 5 or more Retail and/or Wholesale Executives the registration fee is \$100 each. Please return the registration form for each group registrant.

☐ Group Registrant - \$100 per person    Group Name: \_\_\_\_\_

**Registration Payment Information**

**Total Amount Due:** \_\_\_\_\_

☐ Credit Card:    ☐ American Express    ☐ Discover    ☐ MasterCard    ☐ Visa  
 Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Authorization Signature \_\_\_\_\_

☐ Enclosed is my check for \$ \_\_\_\_\_ made payable to the National Grocers Association.

Return this form via Fax to 703-812-1821.

**Conference Cancellation/Refund 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 1, 2015. No refunds will be issued after March 1, 2015.