



2010 ALBERTA FOODSERVICE EXPO DELEGATE REGISTRATION FORM

OCTOBER 24 & 25, 2010

BMO Centre, Stampede Park
Calgary, Alberta

REGISTRATION OPTIONS AND PRICING

	CRFA Member# _____	CRFA* Member <input type="checkbox"/> \$0	CRFA* Non-Member <input type="checkbox"/> \$0	\$ TOTAL
Exhibit Floor Only (October 24 and/or October 25) If attending on October 24, you are also invited to attend the State of the Industry Roundtable at no charge		<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	
Delegate Registration – 1 Day (October 24) Includes State of the Industry Roundtable, Exhibit Floor and Industry Cocktail Reception and Awards Celebration		<input type="checkbox"/> \$15	<input type="checkbox"/> \$30	
Delegate Registration – 1 Day (October 25) Includes Expo Breakfast and Keynote, Exhibit Floor and Educational Sessions		<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	
Delegate Registration – 2 day (October 24 & 25) Includes Exhibit Floor (both days), State of the Industry Roundtable, Industry Cocktail Reception and Awards Celebration, Expo Breakfast and Keynote and Educational Sessions		<input type="checkbox"/> \$30	<input type="checkbox"/> \$60	
SUB TOTAL \$				

*Canadian Restaurant and Foodservices Association

YOUR INFORMATION

FULL NAME _____ TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ PROV/STATE _____ POSTAL CODE/ZIP CODE _____

COUNTRY _____ PHONE _____ FAX _____

EMAIL _____

MORE ABOUT YOU

What is the primary business of your organization? (Please Specify below)

- A Restaurant/Independent F Government K Hotel/Motel
- B Restaurant/Chain G Healthcare L Golf Course
- C Bar/Pub H Education M Casino
- D Night Club I Armed Forces N OTHER
- E Lounge J Correctional Facility

If OTHER, please specify _____

TWO WAYS TO REGISTER:

1. Register online at: www.albertafoodserviceexpo.ca
2. Fax this form to: 1.416.512.8344
Attn: Linda Galanakis

Questions? Please contact Linda Galanakis @ 416-512-8186 x 233 or lindag@mediaedge.ca

PAYMENT

Method of Payment:

- VISA MASTERCARD AMERICAN EXPRESS CHEQUE
(payable to MediaEdge Communications)

Credit card number: _____

Name on card: _____

Signature: _____

Expiry: _____

For additional registrations, please photocopy this form.

Sub Total \$ _____

Add 5% GST _____

TOTAL \$ _____

GST# 894652940R0002

Cancellation Policy: A written notice is required indicating your intent to cancel or substitute your registration. Cancellations and/or substitutions are subject to processing fee of 20% of your registration fee. No refund will be issued on cancellations received after October 1, 2010. Please send all notifications of cancellations or substitutions in writing to MediaEdge Communications, 5255 Yonge Street, Suite 1000, Toronto, Ontario M2N 6P4. Attn: Linda Galanakis.

REGISTER TODAY!
Space is limited