

SAF CONGRESSIONAL ACTION DAYS 2017

5 EASY WAYS TO REGISTER

Web: safnow.org/cad | **Fax:** 703-836-8705

E-mail: meetings@safnow.org | **Phone:** 800-336-4743, ext. 221

Mail: SAF Meetings, 1001 North Fairfax St., Suite 201, Alexandria, VA 22314

Please complete this form for each attendee, including spouses and guests. Photocopies are acceptable.

Name	_____		<i>Is this the first time you have attended Congressional Action Days?</i> <input type="checkbox"/> Yes
Nickname for Your Badge	_____		
Company Name	_____		
Address	_____		
City	State	Zip	
Phone	Cell		
Email	_____		
Emergency Contact	Phone		

Do you require special accommodations to participate in SAF CAD 2017, such as accessible meeting room, interpreter, or special dietary considerations? If yes, please attach a written description of your needs.

REGISTRATION FEE:	Before Feb. 21	After Feb. 21
SAF Member:	<input type="checkbox"/> \$295	<input type="checkbox"/> \$350
Non-Member:	<input type="checkbox"/> \$395	<input type="checkbox"/> \$450



Bring a first-timer with you - for FREE!

Your registration includes an additional FREE registration for a second person from your company who has never attended CAD before. Just copy and submit a separate registration form and check the box below.

FREE bonus registration for first-time attendee.*

**Second registrant must be a first-time attendee. Offer not available online.*

Total enclosed: _____

PAYMENT OPTIONS: SAF does not bill for meeting registrations.

Please enclose a check (payable to SAF in U.S. funds only) or credit card authorization with this form.

Check Visa MasterCard American Express

Card Number	Exp. Date	CVV Code

Name of Cardholder		

Signature of Cardholder		

Don't Forget Your Congressional Appointments

YES. Please make appointments with my senators and representative or their staff.

I understand my appointments will be scheduled as a group with other floral industry members from my state who wish to meet with the same congressional leaders.

Congressional District _____

Senators with whom you would like to meet _____

Representatives with whom you would like to meet _____

At about what time do you plan to leave for home on Tuesday? _____

NO. I will make my own appointments. Please contact SAF's Drew Gruenburg (703-838-5229; dgruenburg@safnow.org) if you choose to make your own appointments. We need to keep a record of these contacts.

SAFPAC Reception and Dinner

Yes, I want to attend the SAFPAC Reception and Dinner. I understand this is limited to individuals who have contributed \$150 or more to SAFPAC. (Checking this box does not automatically register you for this event. It simply lets us know you are interested. SAF will contact you, or for more information about SAFPAC, contact Drew Gruenburg at 703-838-5229; dgruenburg@safnow.org.)

Registration/Refund Policy: Written cancellation requests postmarked before February 2, 2017 will be refunded less a 15 percent handling charge. No refunds after February 27. Payment must accompany this registration form. Individuals are not considered registered for the conference until payment is received.