



Tuesday
April 26, 2016

Holiday Inn
172 North Main St., Concord, NH

REGISTRATION FORM



NH Grocers Association
110 Stark Street
Manchester, NH 03101
Tel: 603-669-9333
Fax: 603-623-1137

Company Information

Company: _____ Tel: _____

Contact Name: _____ Fax: _____

Address: _____ City/ST/ZIP: _____

Email Address: _____

Badge and Registration Information *(Please list all attending. Make additional copies of registration form if necessary.)*

**SELECT
OPTION**

FULL DAY \$55 registration includes meals, morning and afternoon sessions

AFTERNOON HALF DAY \$20 registration includes afternoon Loss Prevention & Crisis Situation Summit session

LAST NAME	FIRST NAME	PROGRAM SELECTION	TOTAL
		<input type="checkbox"/> Full Day \$55 <input type="checkbox"/> Afternoon Half Day \$20	
		<input type="checkbox"/> Full Day \$55 <input type="checkbox"/> Afternoon Half Day \$20	
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		<input type="checkbox"/> Full Day \$55 <input type="checkbox"/> Afternoon Half Day \$20	
		<input type="checkbox"/> Full Day \$55 <input type="checkbox"/> Afternoon Half Day \$20	
TOTAL PAYMENT			\$

Registration Payment Information

► **By Check:** *Make checks payable to NH Grocers Association* Check # _____ Check Amt: _____

► **By Credit Card:** Visa Mastercard Discover American Express

Card #: _____ (CVV) _____ Exp. Date: _____

Billing Address: _____ City _____ ST _____ Zip _____

Authorized Card User Signature: _____

MAIL your completed registration form to:

NH Grocers Association
110 Stark Street
Manchester, NH 03101

FAX your completed registration form to: **603-623-1137**

EMAIL your completed registration form to: freeman@grocers.org