



alliance flooring inc.

2018 Summit Registration Form

To register for this event, please complete entire form

Store#: _____

Store Name: _____

Full Name: _____

City, ST, Zip: _____

Email: _____

Phone: _____

Location: **Hilton University of Florida Conference Center
Gainesville, FL**

Dates: Oct. 20 - 23, 2018

Registration Fee: **\$399** Early Fee - Available through 9/10/18

\$499 Standard Fee - Available after 9/10/18

Registration fees must be paid with credit card.

Please check all events each person will attend:

Total number of rooms needed for your party:

Room rate: **\$189 plus applicable tax**

Sat. 10/20		Sun 10/21			Mon 10/22			Tues 10/23	
T-Shirt Size (S, M, L, XL, XXL)	Welcome Event	Opening Session	Bus to Store	Store Tour	Panel Q & A	Supplier 1 on 1	Schonox Live Demo	Appreciation Dinner	Optional Day(TBD)
Sat 10/20	Sun 10/21	Mon 10/22	Tues 10/23						
<input type="checkbox"/> King									
<input type="checkbox"/> 2 Double Beds									

Room 1:	Names (List each person)
<input type="checkbox"/> King	
<input type="checkbox"/> 2 Double Beds	

Check in date: _____

Check out date: _____

Room 2:	Names (List each person)
<input type="checkbox"/> King	
<input type="checkbox"/> 2 Double Beds	

Sat 10/20	Sun10/21	Mon 10/22	Tues 10/23

Check in date: _____

Check out date: _____

Please fax completed form to Member Services at (770) 528-0221 ASAP!



alliance flooring inc.

2018 Summit

Transportation Information

Store#: _____

Store Name: _____

City, St : _____

Phone: _____

Please supply airport arrival and departure information:

1 Attendee Name: _____

Arrival: Airline _____ Flight # _____ Arrival Date & Time: _____

Departure: Airline _____ Flight # _____ Departure Date & Time: _____

I am driving

I am renting a car at the airport

Please check if all attendees will arrive and depart on the same flights

Do not complete the remainder of this form if you checked the box above.

2 Attendee Name: _____

Arrival: Airline _____ Flight # _____ Arrival Date & Time: _____

Departure: Airline _____ Flight # _____ Departure Date & Time: _____

I am driving

I am renting a car at the airport

3 Attendee Name: _____

Arrival: Airline _____ Flight # _____ Arrival Date & Time: _____

Departure: Airline _____ Flight # _____ Departure Date & Time: _____

I am driving

I am renting a car at the airport

Please fax completed form to Ann at 770-528-0221

Alliance Flooring, Inc.
1210 Premier Dr, Suite 130
Chattanooga, TN 37421

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please print or type (* must match the information on your credit card billing statement):

Member No: _____

Member Name: _____

Cardholder's Full Name *: _____

Address *: _____

City/State/Zip *: _____

Phone/Fax: _____

Email Address:
(Your receipt will be sent to this address) _____

Card Type: Visa MasterCard American Express Discover
(circle one)

Card Number: _____ Exp Date: _____

Amount: \$ _____ Recurring: Yes No

By signing below, I hereby authorize Alliance Flooring, Inc. to charge my credit card for the amount listed above for payment of convention fees.

Signature: _____

Please fax completed form to (770) 528-0221.
