AAFD's Conference and Franchisee Leadership Summit

May 4 – May 7, 2008

Marriott City Center*
Newport News, Virginia

Total Quality Franchising®

SECTION 1: Registration Information: Please provide a registration form for EACH attendee in your party. (Copy this form as needed)

Name:	First Name for Convention Badge:	
Name of Your Franchise System or Affiliation:		
Mailing address:		
City, State & Zip:		
Phone Number:	Fax Number:	E-Mail:
Fill out Section 2 for complete conference packages ***OR*** **Section 3 for Individual Daily Rates & Optional Meals**	***Special meal or other requirements:***	

SECTION 2. Conference Package *Registration Fees:* *Includes AAFD Conference, Market Power Trade Show and all programs, materials, meals including Banquet.*

☐ **AAFD Members: $495** ☐ **Non-Members $545**
☐ **Association Special – 3 Attendees for the Price of Two -- $990**

☐ **Group Rebate**: *if we receive 6 or more registrations from your Association or Chapter you will automatically receive a $30 rebate certificate when you check in. Do not deduct from registration fees.*

Please enter Section 2 totals = $_____

If you have selected a complete conference package above, and do not need any additional meals for guests, continue to Section 4, Total Fees remitted.

SECTION 3. Daily Rates, Optional and/or Additional Meals *(Includes all taxes and gratuities)*	Number of days/meals	Cost Per Day/meal	Calculated Price
Daily rate including all meals ***except Banquet***: Please check all days you will attend: ☐ **Sun** ☐ **Mon** ☐ **Tue**		x $185	=
Additional Monday Night Reception & Banquet Meal Tickets		x $95	=
		Please enter Section 3 totals	$ _____
Total fees remitted (Add totals of Section 2 & 3)			$ _____

Payment is being made by ☐ check or ☐ credit card. For credit card: (MC, Visa, Discover, Amex accepted)
Credit Card Account#: __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Expiration Date _____/_____

Name on Card: _____ Signature: _____

* Make your hotel reservation by April 1st for the special room rate of $139 per person (refer to AAFD) by calling **1-866-329-1758**

Make Checks payable to **AAFD** and mail to PO Box 81887, San Diego, CA 92138-1887.
*If paying by credit card, you may fax your registration to **619-209-3777, Attention: Member Services.***

Cancellation Policy: All cancellations are subject to an administrative fee of $50. Substitutions are welcome. No refunds for cancellations after April 1, 2008.