

**2019 ADMA Annual Conference**



**SEPTEMBER 22 - 26, 2019**  
**Saddlebrook Resort & Spa**  
**Tampa, Florida**

*Soaring*  
**to New Heights**

**Saddlebrook Resort | 5700 Saddlebrook Way | Wesley Chapel, FL 33543**

Please return completed form and payment.

**Contact Information:**

ADMA  
PO Box 3948  
Parker, CO 80134  
(720) 249-0999  
E-mail: info@adma.org

**Please check member type:**

- Distributor/Manufacturer
- Guest Delegate\* \*Must be approved by ADMA office.
- Associate
- Honorary
- Spouse/Companion

**NOTE:** The contact information listed below will be reflected on the advance registration list and/or on your name badge. Meeting confirmation acknowledgements will be emailed to each registered delegate via the email address provided on this form. The company name that holds membership in ADMA will be the only company name listed.

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Key Contact for Scheduling Appointments: \_\_\_\_\_

Key Contact Phone: \_\_\_\_\_ Key Contact Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Distributor/Manufacturer Contact Name: \_\_\_\_\_ Nickname (for badge): \_\_\_\_\_

Spouse/Companion Name & Email (if registering for the meeting): \_\_\_\_\_

**ADDITIONAL ATTENDEES:**

2. Distributor/Manufacturer Contact Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Distributor/Manufacturer Contact Email: \_\_\_\_\_

Spouse/Companion Name & Email: \_\_\_\_\_

3. Distributor/Manufacturer Contact Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Distributor/Manufacturer Contact Email: \_\_\_\_\_

Spouse/Companion Name & Email: \_\_\_\_\_

4. Distributor/Manufacturer Contact Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Distributor/Manufacturer Contact Email: \_\_\_\_\_

Spouse/Companion Name & Email: \_\_\_\_\_

5. Distributor/Manufacturer Contact Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Distributor/Manufacturer Contact Email: \_\_\_\_\_

Spouse/Companion Name & Email: \_\_\_\_\_

6. Distributor/Manufacturer Contact Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Distributor/Manufacturer Contact Email: \_\_\_\_\_

Spouse/Companion Name & Email: \_\_\_\_\_



**DELEGATE 1 FEES FOR 2019**  
**(BOTH DISTRIBUTOR & MANUFACTURER)**

_____ Distributor/Manufacturer/Guest	ea. @ \$850
_____ Spouse/Companion	ea. @ \$350
_____ Honorary Delegate	ea. @ \$250
_____ Golf Tournament	ea. @ \$125
_____ Bike Tour	ea. @ \$95
_____ Salsa & Margarita Competition	ea. @ \$95
_____ Wine & Paint Activity	ea. @ \$95
_____ (Spouse/Companion Activity)	

Total: \$ \_\_\_\_\_

**DELEGATE 2 FEES FOR 2019**  
**(BOTH DISTRIBUTOR & MANUFACTURER)**

_____ Distributor/Manufacturer/Guest	ea. @ \$850
_____ Spouse/Companion	ea. @ \$350
_____ Honorary Delegate	ea. @ \$250
_____ Golf Tournament	ea. @ \$125
_____ Bike Tour	ea. @ \$95
_____ Salsa & Margarita Competition	ea. @ \$95
_____ Wine & Paint Activity	ea. @ \$95
_____ (Spouse/Companion Activity)	

Total: \$ \_\_\_\_\_

**DELEGATE 3 FEES FOR 2019**  
**(BOTH DISTRIBUTOR & MANUFACTURER)**

_____ Distributor/Manufacturer/Guest	ea. @ \$850
_____ Spouse/Companion	ea. @ \$350
_____ Honorary Delegate	ea. @ \$250
_____ Golf Tournament	ea. @ \$125
_____ Bike Tour	ea. @ \$95
_____ Salsa & Margarita Competition	ea. @ \$95
_____ Wine & Paint Activity	ea. @ \$95
_____ (Spouse/Companion Activity)	

Total: \$ \_\_\_\_\_

**DELEGATE 4 FEES FOR 2019**  
**(BOTH DISTRIBUTOR & MANUFACTURER)**

_____ Distributor/Manufacturer/Guest	ea. @ \$850
_____ Spouse/Companion	ea. @ \$350
_____ Honorary Delegate	ea. @ \$250
_____ Golf Tournament	ea. @ \$125
_____ Bike Tour	ea. @ \$95
_____ Salsa & Margarita Competition	ea. @ \$95
_____ Wine & Paint Activity	ea. @ \$95
_____ (Spouse/Companion Activity)	

Total: \$ \_\_\_\_\_

**DELEGATE 5 FEES FOR 2019**  
**(BOTH DISTRIBUTOR & MANUFACTURER)**

_____ Distributor/Manufacturer/Guest	ea. @ \$850
_____ Spouse/Companion	ea. @ \$350
_____ Honorary Delegate	ea. @ \$250
_____ Golf Tournament	ea. @ \$125
_____ Bike Tour	ea. @ \$95
_____ Salsa & Margarita Competition	ea. @ \$95
_____ Wine & Paint Activity	ea. @ \$95
_____ (Spouse/Companion Activity)	

Total: \$ \_\_\_\_\_

**DELEGATE 6 FEES FOR 2019**  
**(BOTH DISTRIBUTOR & MANUFACTURER)**

_____ Distributor/Manufacturer/Guest	ea. @ \$850
_____ Spouse/Companion	ea. @ \$350
_____ Honorary Delegate	ea. @ \$250
_____ Golf Tournament	ea. @ \$125
_____ Bike Tour	ea. @ \$95
_____ Salsa & Margarita Competition	ea. @ \$95
_____ Wine & Paint Activity	ea. @ \$95
_____ (Spouse/Companion Activity)	

Total: \$ \_\_\_\_\_

Credit Card Authorization Form

Company Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purpose for Charge: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Payment: All registrations must be prepaid. Make checks payable to ADMA.

Total Registration \$ \_\_\_\_\_ Check: \_\_\_\_\_ Check # \_\_\_\_\_

**REGISTRATION INSTRUCTIONS**

- Important! Type or neatly print all information. Your badge will be printed using the supplied information.
- Please note that the company name that holds membership with ADMA will be the only company name listed.
- Keep a copy for your records. Copy both sides.
- Payment by check or credit card is required to complete the registration. Please mail to: P.O. Box 3948 Parker, CO 80134
- Please contact us at (720)249-0999 with any questions you may have regarding registration for the event.
- Please remit one check payable to ADMA when registering for all meeting functions. Do not include any fees for anything other than those relating to the meeting in your payment.
- Meeting confirmations will be emailed directly to each registered delegate via the email address provided on the registration form.
- Badges will be available for pick up at the ADMA Registration Desk onsite at the Saddlebrook Resort.

**REFUND POLICY**

- Full refunds will be made only when written cancellations reach our office by AUGUST 30, 2019. It is your responsibility to cancel hotel room reservations. There will be a 25% processing fee for all refunds. Cancellation notices and refund requests can be directed to ADMA's email: info@adma.org
- Please note that refunds may take up to 90 days following the meeting to be issued.

