



Consolidated Distributors, Inc.

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Monroe, Louisiana 71207-4270
Telephone: (318) 361-9676
Toll Free: (800) 245-9169
Fax: (318) 361-3878
Email: info@cdi-1.com
Website: www.cdi-1.com

ATTENDANCE QUESTIONNAIRE

Member

NAME:

TITLE:

COMPANY:

TELEPHONE:

FAX:

E-MAIL:

GUEST NAME:

- Yes No I will be in attendance at ANNUAL MEMBER/ SUPPLIER CONFERENCE.
- Yes No I plan to attend the Opening Session.
- Yes No I will attend the Membership Meeting (for Distributors only).
- Yes No I will attend the Member Lunch (for Distributors only).
- Yes No My guest will attend the Member Lunch (for Distributors only).
- Yes No I plan to participate in the Annual Member/Supplier Golf Tournament. (*If 'Yes', Golf Tournament Registration **must** be completed.*)
- Yes No My guest plans to participate in the Annual Member/Supplier Golf Tournament. (*If 'Yes', Golf Tournament Registration **must** be completed.*)
- Yes No I plan to attend the Opening Reception for Members and Suppliers, as a guest of CDI.
- Yes No My guest will attend the Opening Reception for Members and Suppliers.
- Yes No I plan to attend the Member/Supplier Lunch Buffet at a cost of **\$20**.
- Yes No My guest will attend the Member/Supplier Lunch Buffet at a cost of **\$20**.
- Yes No I will attend the Reception and Annual Awards Dinner for Members and Suppliers, as a guest of CDI.
- Yes No My guest will attend the Reception and Annual Awards Dinner for Members and Suppliers, as a guest of CDI.

Note: If you did not register online, please return this completed form for CDI by **February 8th, 2011**, via FAX at: (318)361-3878 or the E-mail address listed above.