



Consolidated Distributors, Inc.

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Toll Free: (800) 245-9169
Fax: (318) 361-3878
Email: info@cdi-1.com
Website: www.cdi-1.com

ATTENDANCE QUESTIONNAIRE

Supplier

NAME:
TITLE:
COMPANY:
ADDRESS:
TELEPHONE: FAX:
E-MAIL:
GUEST NAME:

- I will be in attendance at the ANNUAL MEMBER/ SUPPLIER CONFERENCE.
I would like to reserve a booth for the conference (If yes, Booth reservation form must be completed.)
I plan to attend the Opening Session.
I plan to participate in the Annual Member/Supplier Golf Tournament. (If yes, Golf Tournament Registration must be completed.)
My guest plans to participate in the Annual Member/Supplier Golf Tournament. (If yes, Golf Tournament Registration must be completed.)
I plan to attend the Opening Reception for Members and Suppliers, as a guest of CDI.
My guest will attend the Opening Reception for Members and Suppliers, as a guest of CDI.
I plan to attend the Member/Supplier Lunch Buffet at a cost of \$20.
My guest will attend the Member/Supplier Lunch Buffet at a cost of \$20.
I will attend the Supplier Breakfast, as a guest of CDI.
I will attend the Reception and Annual Awards Dinner for Members and Suppliers, as a guest of CDI.
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 Email address listed above.