



SIGN UP TODAY!

CONFERENCE REGISTRATION FORM
MARCH 21-25, 2018 | JW MARRIOTT LAS VEGAS RESORT & SPA
221 N. RAMPART BLVD., LAS VEGAS, NV 89145

Our special rate with the resort is **\$189/night** (plus a discounted resort fee of \$9.99/room/night) and includes in-room high speed internet, access to the Spa Aquae Fitness center and complimentary shuttle to the Fashion Show Mall/Las Vegas Strip. This special rate will be available until **February 22** or until the group block is sold-out, whichever comes first.

To make reservations, visit <https://aws.passkey.com/e/49148810> or call 800-582-2996 or 877-622-3140 and refer to International Beverage Dispensing Equipment Assn. 2018 Conference.

Registration includes admission to the Wednesday Night Welcome Event, 3 Breakfasts & 3 Lunches, Opening & Closing Receptions & Dinners, Product Fair Exhibition, Workshops, Meetings, Keynote Speaker, Golf* & Alternate Activities*, Hospitality Suite and Spouse/Partner Events.

Social (Spouse/Partner) Registration includes admission to the Wednesday Night Welcome Event, Opening & Closing Receptions & Dinners, Hospitality Suite, Alternate Activities* & Spouse/Partner Events.

We confirm all registrations. Please be sure you receive a confirmation.

Conference attendees, take advantage of our discount with **National Car Rental** or **Enterprise Rent-A-Car** whenever you need a rental vehicle. At National: Reference Customer # **XZ16H01**. At Enterprise: Reference Customer # **XZ16H01** and PIN # **IBD**. Parking is complimentary.

Full refund if canceled in writing prior to 12/31/17. Cancellation received after 12/31/17 will be subject to a 50% penalty. No refunds will be made after 1/31/18.

Company Name
 Address
 Attendee 1 Name
 Attendee 1 Email Address
 Attendee 2 Name
 Attendee 2 Email Address
 Attendee 3 Name
 Attendee 3 Email Address

Registration Fees	
IBDEA Member Representative	\$695/person
SPECIAL-First 2 Registrants**	\$1195 total
Social(Spouse/Partner)***	\$420
Nonmember	\$1695/person

Number of Attendees _____ Amount Due \$ _____
 Check Enclosed-make payable to IBDEA in US funds.
 Pay By _____ Credit Card _____ Visa _____ MasterCard _____ American Express _____
 Cardholder's Name _____
 Account # _____
 Expiration Date _____ CVV _____
 Billing Address _____
 Signature _____

*Additional charges may apply.
 **Any combination of members, spouses, etc.
 ***Accompanying Registered Member Attendees

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