

Registration Form

Please complete one form per person. Pre-Registration closes on January 26, 2018. Registrations received after this date will be processed onsite and subject to an additional \$100 fee. For up-to-date convention news or to register online please visit franchise.org/convention.

Full Name Franchisee Franchisor Supplier

Nickname for Badge _____

Spouse (if registering) _____

Company Name _____ Job Title _____

Address _____

City _____ State/Province _____ Zip _____ Country _____

Telephone _____ Mobile _____

Email _____

(An individual email address for the actual person attending convention is required for confirmation purposes.)

Check here if you wish to receive emails and faxes on Convention events and issues of interest.

Is this your first IFA Convention? Yes No

Please mark the appropriate boxes to indicate your participation and fees.
Registration fees are PER PERSON.

<input type="checkbox"/> IFA Franchisor/Supplier Member	
<input type="checkbox"/> 1-3 registrants when registering together	\$1050
<input type="checkbox"/> 4-9 registrants when registering together	\$950
<input type="checkbox"/> 10+ registrants when registering together	\$850
<input type="checkbox"/> Spouse (includes evening social events only)	\$500
<input type="checkbox"/> Annual Leadership Conference (Saturday)	\$125
<input type="checkbox"/> Non-denominational Prayer Breakfast (Sunday)	Complimentary

Total Fee \$ _____

CANCELLATION POLICY: Refunds (minus a \$100 administration fee) will be granted for cancellations received in writing to kneumann@franchise.org by January 19, 2018. Cancellations received after that date are subject to a 50% penalty + a \$100 administration fee. No refunds are permitted after January 26, 2018. Substitutions are permitted at any time, subject to a \$50 substitution fee.

HOTEL RESERVATIONS: For more information about booking your hotel room please visit franchise.org/convention.

PAYMENT METHOD (to arrange a wire transfer, please email dmorris@franchise.org)

Check payable to IFA (Federal Tax ID # 36-6108621) Credit Card: AMEX/ Visa/MasterCard/Discover

Account # _____ Expiration Date _____ CVV _____

Cardholder's Name _____

Cardholder's Billing Address _____

Signature _____

To help determine who our audience is and what you need from IFA, please answer the following questions.

1) How many units is your franchise system (franchised units only)?

- 0-25
- 26-100
- 101-250
- 251-500
- 500+

2) How did you find out about the IFA Convention?

- IFA Email
- Social Media/Digital Marketing Post
- IFA Website
- IFA Publication (i.e. *Franchising World*, *The Insider*, *SmartBrief*)
- Referral from Colleague/Peer
- Industry Event
- Other _____

3) Why are you attending the IFA Convention? Select all that apply.

- Education/solutions to challenges I am facing
- Networking/meet like-minded people in franchising
- Looking for new supplier partners
- Earn CFE credits
- Other _____

4) What is your top business "pain point" or challenge that you are currently facing? _____

5) What educational track are you most interested in?

- Finance
- Franchise Development
- Franchisee
- General
- Marketing/Innovation
- International
- Operations
- Technology
- Legal

6) What other franchise industry events do you attend?
