

**UNITED STATES SENATOR JACK REED
AND
THE RHODE ISLAND FOOD DEALERS ASSOCIATION'S**

**RHODE ISLAND BUSINESS
LEADERS DAY
IN WASHINGTON, DC**

WEDNESDAY, SEPTEMBER 17, 2014

**JOIN SENATOR REED FOR A DISCUSSION ON CURRENT
TOPICS AND EVENTS TAKING PLACE ON CAPITOL HILL.**

SPEAKERS WILL INCLUDE GOVERNMENT AND ADMINISTRATION OFFICIALS,
MEMBERS OF CONGRESS, AND OTHER SPECIAL GUESTS WHO WILL SHARE THEIR INSIGHTS
ON PUBLIC POLICY ISSUES IMPORTANT TO THE BUSINESS COMMUNITY IN RHODE ISLAND.

**YOU MAY REGISTER FOR RHODE ISLAND BUSINESS
LEADERS DAY BY FILLING OUT THE REGISTRATION FORM
ATTACHED IN ITS ENTIRETY. SEND THE REGISTRATION
FORM AND CORRESPONDING PAYMENT BY
JULY 25TH TO:**

RHODE ISLAND FOOD DEALERS ASSOCIATION

**CHECKS PAYABLE TO: RI FOOD DEALERS ASSOCIATION (RIFDA)
450 VETERANS MEMORIAL PARKWAY
SUITE 801
EAST PROVIDENCE, RI 02914**

**FOR MORE INFORMATION, PLEASE CALL RIFDA AT 401-431-0880
OR VISIT ITS WEBSITE AT [HTTP://WWW.RIFDA.COM/](http://www.rifda.com/).**

CONFERENCE REGISTRATION OPTIONS:

SELECT YOUR REGISTRATION TYPE:

OPTION 1: CONFERENCE WITH TRAVEL (80 SLOTS AVAILABLE)

\$550.00

INCLUDES

- ❖ ROUND-TRIP AIRFARE FROM TF GREEN AIRPORT TO BWI THURGOOD MARSHALL AIRPORT
- ❖ GROUND TRANSPORTATION TO AND FROM BWI
- ❖ CONFERENCE REGISTRATION
- ❖ CATERED FOOD AND BEVERAGE
- ❖ POST-CONFERENCE RECEPTION

FLIGHT ITINERARY

OUTBOUND: SOUTHWEST AIRLINES FLIGHT # 1896
DEPARTS PVD AT 7:30 AM
ARRIVES BWI AT 8:50 AM

RETURN: SOUTHWEST AIRLINES FLIGHT #696
DEPARTS BWI AT 8:50 PM
ARRIVES PVD AT 10:00 PM

OPTION 2: CONFERENCE ONLY (50 SLOTS AVAILABLE)

\$265.00

INCLUDES

- ❖ CONFERENCE REGISTRATION
- ❖ CATERED FOOD AND BEVERAGE
- ❖ POST-CONFERENCE RECEPTION

NOTE: THE CONFERENCE WILL BEGIN AT 10:30AM, FOLLOWED BY A POST-CONFERENCE RECEPTION, EXPECTED TO CONCLUDE BY 6:30PM.

REGISTRATION FORM

PLEASE CHOOSE ONE OF THE FOLLOWING:

OPTION 1: CONFERENCE WITH TRAVEL

OPTION 2: CONFERENCE ONLY

PERSONAL INFORMATION:

FIRST: _____ MIDDLE: _____

LAST: _____

MUST MATCH YOUR GOVERNMENT-ISSUED PHOTO IDENTIFICATION FOR SECURITY PURPOSES

DATE OF BIRTH: ____/____/____ GENDER: _____

CELL NUMBER (DAY OF TRAVEL): _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

BUSINESS INFORMATION:

COMPANY: _____

TITLE/POSITION: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP CODE: _____

EMAIL: _____

PHONE: _____

CHAMBER/ASSOCIATION AFFILIATION: _____