

# 2010 CFA DAY FORUM

Gaylord National Resort and Convention Center

July 15-17, 2010



Company Name \_\_\_\_\_  
Attendee 1 \_\_\_\_\_  
Add'l Attendee \_\_\_\_\_  
Add'l Attendee \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

\* Hotel confirmations will be sent via e-mail

## Tentative Agenda

### Thursday, July 15, 2010

Educational Session on Legislative Issues  
Keynote speaker—Political Columnist George Will  
Cocktail Reception  
Vendor Tradeshow

### Friday, July 16, 2010

Breakfast  
Hill Visits with Members of Congress  
General Session  
Gala Dinner Event featuring special guest speaker

### Saturday, July 17, 2010

Depart

#### HOW TO GET THERE

201 Waterfront Street  
National Harbor, MD 20745  
[www.gaylordnational.com](http://www.gaylordnational.com)

By Air: Ronald Reagan Washington  
National Airport (15-minute drive to hotel)  
Dulles Airport (45-minute drive to hotel)  
Baltimore Washington International Airport  
(45-minute drive to hotel)

By Train: Amtrak's Union Station (20 minutes)

By Car: 1 hour from Baltimore, 2 ½ hours  
from Philadelphia

#### INCLUDED IN YOUR EXHIBITOR REGISTRATION

- One Attendee Registration
- Two Nights Accommodations at the Gaylord National  
Thursday, July 15, and Friday, July 16, 2010
- 8x10 Exhibitor Booth
- Opportunities to promote your products and services to  
franchisees across many brands
- Meals and Cocktail Receptions
- Meetings with Members of Congress on Capitol Hill

## EXHIBITOR REGISTRATION

|   |          | # Attending |
|---|----------|-------------|
| Exhibitor Booth                         | \$ 3000  | # _____     |
| Additional Attendee Registration & Room | \$ 1000  | # _____     |
| Registration Total <b>NO REFUNDS</b>    | \$ _____ |             |

\* Reservations must be made through the CFA  
\*\* Each additional attendee registration with room will be \$1000

#### HOW TO REGISTER

Check: Mail Check and Registration Form to:  
Coalition of Franchisee Associations  
Attn: CFA Day  
1201 Roberts Blvd., Suite 100  
Kennesaw, GA 30144

Credit Card: Complete, sign and fax this registration form to (678)  
797-5170

Card Type:  Visa  Mastercard  American Express

Account Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I agree my liability for this purchase is not waived and agree to be held personally liable in the event charges are not paid. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney fees and costs incurred.

Questions? Please contact Jeff Reynolds at (678) 797-5160 or e-mail  
[jeffr@thecfainc.com](mailto:jeffr@thecfainc.com)

