



2010 Hardlines Technology Forum®

April 18-21 | Schaumburg, Illinois

Conference Registration Form



A Attendee Information

Are you a first time attendee? Yes No Are you a first time company? Yes No

Name (Mr./Ms.): _____ Badge Name (first name only): _____

Title: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Phone: _____ *Fax: _____

*Email: _____

*By providing my company's fax number and email address, I consent to receive fax and email communications sent by or on behalf of AHMA.

B Job Title Category (select one)

- Executive
- Finance and Accounting
- IS Executive
- IS Director
- IS Manager
- IS Staff
- Sales, Merchandising and Product Management
- Warehousing, Distribution and Logistics
- Other

C Industry Category (select one)

- Manufacturer
- Wholesaler/Distributor
- Trade Association
- Vendor/Consultant
- Retailer
- Manufacturer Rep
- Media/Publications

D Emergency Contact

Name: _____ Phone: _____

E Opt Out

- We make our attendee list available to the attendees and sponsors at this event for networking purposes. If you do not want your contact information to be included, please check the box on the left.

F Source Code (found on HTF marketing material)

G HTF 2010 Referral Program

Did a colleague refer you to attend HTF? Yes No If yes, indicate their full name: _____

Please give us their personal referral number (needed for referral confirmation) _____

H Buyer Panel Question (optional)

Please provide one question to be considered by the buyer during the Buyer Panel: _____

Please return this form with your payment information to:

American Hardware Manufacturers Association
801 North Plaza Drive | Schaumburg, Illinois 60173
Phone: 847.605.1025 | Fax: 847.605.1030

Online registration and detailed session information are also available on the HTF web site at www.ahma.org/HTF



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I Sessions (select one session for each time period)

SUNDAY April 18, 2010	MONDAY April 19, 2010	TUESDAY April 20, 2010	WEDNESDAY April 21, 2010
6:00 pm <input type="checkbox"/> Welcome Reception	7:30 am <input type="checkbox"/> Breakfast & New Attendee Orientation Table 8:30 am <input type="checkbox"/> Welcome Remarks / Opening Session 9:00 am <input type="checkbox"/> A1 <input type="checkbox"/> B1 <input type="checkbox"/> C1 10:15 am <input type="checkbox"/> A2 <input type="checkbox"/> B2 <input type="checkbox"/> C2 11:30 am <input type="checkbox"/> A3 <input type="checkbox"/> B3 <input type="checkbox"/> C3 12:30 pm <input type="checkbox"/> Lunch 1:30 pm <input type="checkbox"/> A4 <input type="checkbox"/> B4 <input type="checkbox"/> C4 2:45 pm <input type="checkbox"/> A5 <input type="checkbox"/> B5 <input type="checkbox"/> C5 4:00 pm <input type="checkbox"/> A6 <input type="checkbox"/> B6 <input type="checkbox"/> C6	7:30 am <input type="checkbox"/> Breakfast 8:30 am <input type="checkbox"/> A7 <input type="checkbox"/> B7 <input type="checkbox"/> C7 9:45 am <input type="checkbox"/> Keynote 11:15 am <input type="checkbox"/> A8 <input type="checkbox"/> B8 <input type="checkbox"/> C8 12:15 pm <input type="checkbox"/> Lunch 1:15 pm <input type="checkbox"/> A9 <input type="checkbox"/> B9 <input type="checkbox"/> C9 2:30 pm <input type="checkbox"/> A10 <input type="checkbox"/> B10 <input type="checkbox"/> C10 3:45 pm <input type="checkbox"/> A11 <input type="checkbox"/> B11 <input type="checkbox"/> C11 6:00 pm <input type="checkbox"/> Networking Reception	7:30 am <input type="checkbox"/> Breakfast 8:30 am <input type="checkbox"/> A12 <input type="checkbox"/> B12 <input type="checkbox"/> C12 9:45 am <input type="checkbox"/> Buyer Panel For the most up-to-date session schedule, go to ahma.org/htf/SAG

<p>J Transportation to O'Hare</p> <p><input type="checkbox"/> \$25.00 prepaid charge for transportation on Wednesday, April 21, 2010 from the Renaissance Schaumburg Hotel to O'Hare International Airport</p> <p>Choose your departure time:</p> <p><input type="checkbox"/> 12:00 pm <input type="checkbox"/> 12:30 pm <input type="checkbox"/> 1:00 pm <input type="checkbox"/> 1:30 pm</p>	<p>K Hotel Accommodations</p> <p><input type="checkbox"/> \$509.58 prepaid charge for 3 nights, single occupancy at the conference hotel. Nights included are Sunday, Monday and Tuesday, April 18-20, 2010.</p> <p>OR go to www.ahma.org/HTF-Hotel to make your reservation at the Renaissance Schaumburg Hotel</p>
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L Conference Registration Fees (select one)

AHMA Member Number: _____

2009 PROMOTIONAL RATE: (payment received on or before December 31, 2009)	<input type="checkbox"/> AHMA Members - \$895*	<input type="checkbox"/> Non-Members - \$1,145
EARLY REGISTRATION (payment received after December 31, 2009)	<input type="checkbox"/> AHMA Members - \$1,095*	<input type="checkbox"/> Non-Members - \$1,345
STANDARD REGISTRATION (payment received after March 5, 2010)	<input type="checkbox"/> AHMA Members - \$1,295*	<input type="checkbox"/> Non-Members - \$1,545

SUBSTITUTION FEE** \$25 - Replace (name): _____

*Must be a current AHMA member in good standing on April 18, 2010 to receive member pricing

M Payment

Check enclosed payable to: American Hardware Manufacturers Association (checks must be drawn from U.S. banks ONLY)

Credit Card Payment: American Express MasterCard Visa Payment Amount \$ _____

Card #: _____ Expiration Date: _____ CVV #: _____

Cardholder Name: _____ Signature: _____

Cardholder Address: _____

Cardholder City, State and Zip: _____

**Substitutions/Name Changes & Cancellation Policy

We understand that occasionally events occur that prevent you from attending the conference for which you have already registered. If you find that you are unable to attend, you may:

- Send a substitute staff member from your company. Substitution requests must be submitted in writing and approved by AHMA. A \$25 processing fee will apply per substitution.
- Request a partial refund. Cancellation requests submitted in writing to AHMA on or before February 19, 2010 are subject to a 50% cancellation fee.

NO REFUNDS WILL BE ISSUED AFTER FEBRUARY 19, 2010. TRANSFER OF PARTIAL CONFERENCE REGISTRATIONS IS PROHIBITED.

AHMA USE ONLY

Approval # _____ Date _____ Ref/Check # _____ Amount _____