



Consumer Trends 2007

A Produce Solutions Conference

REGISTRATION FORM

March 22-24, 2007 • Westin Charlotte • Charlotte, NC USA

For your convenience,
you can register online:
www.pma.com/CPSC

Retailers and Operators:
Call PMA's Solution Center for
promo code to register online.

ALL REGISTRATIONS MUST BE RECEIVED BY MARCH 2, 2007 • AFTER MARCH 2, 2007, PLEASE REGISTER ONSITE.

REGISTRANT INFORMATION (Please print neatly or type.) Check here if this is new contact information.

Name First _____ Last _____

Company _____

Address _____

City _____ State/Province _____

ZIP/Postal Code _____ Country _____

Telephone _____ Facsimile _____

Email _____

(Individual business e-mail is required to receive confirmation.)

REFERRED BY: _____

REGISTRATION FEES

CPSC (07PSC:CONFERENCE)	On or before February 9, 2007		After February 9, 2007	
	Member	Non-Member	Member	Non-Member
Single	<input type="checkbox"/> \$985	<input type="checkbox"/> \$1,970	<input type="checkbox"/> \$1,105	<input type="checkbox"/> \$2,210
	<input type="checkbox"/> \$935 <small>(MC:PSCMULTI07)</small>	<input type="checkbox"/> \$1,870	<input type="checkbox"/> \$1,055	<input type="checkbox"/> \$2,110
SPECIAL RETAILER AND OPERATOR RATES	<input type="checkbox"/> \$495 <small>(MC:PSCOP07)</small>	<input type="checkbox"/> \$595	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595
	<input type="checkbox"/> \$420 <small>(MC:PSCOP07)</small>	<input type="checkbox"/> \$520	<input type="checkbox"/> \$420	<input type="checkbox"/> \$520

*Cost per person for two or more attendees from the same company submitted at the same time.

TOURS Please choose ONE optional tour for Thursday, March 22. Price is included in the above registration fee. Space is limited. Tours are concurrent.
 Supermarket (RETAIL) Foodservice (FOODSERVICE) No Tour, please.

Total Amount: _____

METHOD OF PAYMENT Only registration forms accompanied by payment will be processed. No invoicing.

Company Check (Do not fax. Make payable to PMA; U.S. funds drawn on U.S. banks only.)

MasterCard VISA American Express

Account Number _____ Exp. Date ____/____

Cardholder's Name _____

Cardholder's Signature _____

Cancellation Policy: A full refund minus a \$75.00 processing fee per registration will be issued for all written cancellation requests received at PMA by March 2, 2007. Written cancellations received after March 2, 2007 will not receive a refund. Substitutions will be accepted in advance until March 2, 2007. All other substitutions can be made onsite at the registration desk.

I AM REGISTERING AS (Please Check One):

A MEMBER OF A DISCUSSION GROUP — 30 supply chain representatives grouped by PMA.

AN INDIVIDUAL — I do not wish to be assigned to a Discussion Group.

Fax or mail this registration form with payment to PMA:

By Mail:
Produce Marketing Association
PO Box 6036 Newark, DE 19714-6036 USA

By Courier:
Produce Marketing Association
1500 Casho Mill Road Newark, DE 19711 USA

By Fax:
+ 1 (302) 738-6685

Please contact the PMA Solution Center with questions at +1 (302) 738-7100 or e-mail solutionctr@pma.com.