



# WINTER SUMMIT 2006 FAX-Back Registration Form

Registration fees include all scheduled events, Welcome Reception, Continental breakfast, Baking Executives' program and admission to the Sunday luncheon and program.

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

First Time attendee? Do you wish to be partnered with a current member?  Yes  No

If yes, do you have a preference as to whom? \_\_\_\_\_

**Representatives** of our firm who will attend the BEMA 2006 Annual Winter Summit meeting.

Names (please print) If more than four, attach a list of names.

| Name     | Title | Email |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Total Number of BEMA Member Company Representatives \_\_\_\_\_ x \$95.00 = \$ \_\_\_\_\_

### Guest Badges

We encourage you to invite your customers to the Winter summit. You may purchase Guest badges that entitle your guests to attend the Saturday evening Welcome Reception and Sunday Luncheon at the special rate of \$40/person, Reception only badges \$20/person. Guest badges may be used by baking industry executives (your customers) or spouses of paid BEMA members who are not employees of the company. Guest badges may not be used by BEMA members.

| Name     | Title | Email |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Number of Receptions Badges \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_

Number of Guest Badges \_\_\_\_\_ x \$40.00 = \$ \_\_\_\_\_

### Method of Payment (Do not send cash)

**TOTAL Amount Enclosed** = \$ \_\_\_\_\_

Check/Money Order  Visa  MasterCard  American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Validation Code \_\_\_\_\_

Amount \$ \_\_\_\_\_ Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form with your payment to BEMA, 7101 College Blvd, Overland Park, KS 66210, Phone 913-338-1300, **FAX 913-338-1327**

The Winter Summit registration fee does not apply to ASB Technical Conference. You must register for the ASB event separately, directly through ASB. For hotel information, complete the form on other side of this form. If you plan to extend your stay beyond Sunday, you must also be registered for the ASB Conference to guarantee the discounted hotel rate.

If you require a special meal, please notify BEMA Headquarters at 913-338-1300.

Cancellation Policy: No refunds for cancellations within 72 hours of the meeting. Refunds received in writing prior to 72 hours before the meeting will incur a 15% penalty.

**IS PLEASED TO WELCOME:**  
**The American Society of Baking**  
**BakingTech - 2006**  
**March 3 – March 9, 2006**



To receive the special conference rates below, registration for the American Society of Baking BakingTech 2006 is required. Failure to register for the conference could result in forfeiture of room or increase in room rate. To receive the conference rate, use this promotional code:

**ASB2006**

CONVENIENT ONLINE RESERVATIONS CAN ALSO BE MADE:  
<https://marriott.com/reservation/availability.mi?propertyCode=CHIDT&gc=asbasba>

Reservations requests must be accompanied by a deposit equal to the first nights room and tax. Deposits can be placed by major credit card, check, or money order payable to THE CHICAGO MARRIOTT. Individuals may cancel their reservations up to 6:00pm prior to arrival without penalty and receive a total refund on deposit. Check-out time is 12noon. Check-in time is 4p.m.

**PLEASE NOTE:** Hotel does not mail confirmation slips. For your convenience, you may receive either a faxed or e-mailed confirmation directly from the hotel:

**Submit To:**  
**CHICAGO MARRIOTT DOWNTOWN**  
**540 North Michigan Ave**  
**Chicago, Illinois 60611**

**Reservation fax number: (312) 245-6928**  
**For any other hotel information: (312) 836-0100**

|  |   |
|--|---|
| <p><b>Please reserve ___ room(s) for _____ person</b></p> <p>Arrive: _____<br/>(day) (date) (time)</p> <p>Depart: _____<br/>(day) (date) Check out is 12 Noon</p>  | <p><b>Accommodations</b></p> <p><input type="checkbox"/> Singles (1 person) \$136.00</p> <p><input type="checkbox"/> Doubles (2 people) \$146.00</p> <p><input type="checkbox"/> Triples (3 people) \$156.00</p> <p><input type="checkbox"/> Quads (4 people) \$166.00</p> <p><b>Room Type Requests:</b></p> <p><input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking</p> <p><input type="checkbox"/> King Bed <input type="checkbox"/> 2 Double Beds</p> <p><i>For Suite information, please call ASB Toll Free at (866) 920-9885.</i></p> |
| <p>Name: _____</p> <p>Organization/Firm: _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>State: _____ Country: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email address: _____</p> | <p><b>Please guarantee on the following credit card:</b></p> <p>Type of card: _____</p> <p>Card #: _____</p> <p>Exp. Date: _____</p> <p>Signature: _____</p> <p><b>Marriott Rewards Number</b> _____</p> <p><b>Marriott Elite Status:</b> _____</p>   |

**\* Rates exclusive of state and city room tax (Currently 15.4%)**

**Any Special Request/ADA Requirements? Please list:** \_\_\_\_\_

**RESERVATIONS CUTOFF DATE: February 17, 2006**

All reservations received after this date or after the group block has been filled, will be accepted on a space available basis only, at prevailing hotel rates. Please make reservations early for best availability.