

2019 DELEGATE REGISTRATION FORM

November 4 & 5, 2019 | The International Centre, Hall 5, Mississauga, Ontario



REGISTRATION OPTIONS AND PRICING

Until Oct 1

After Oct 1

FOODSERVICE INDUSTRY FULL DELEGATE REGISTRATION – EXCLUSIVELY FOR MEMBERS OF CWIF, CULINARY FEDERATION, FCSI, MAFSI, NIGHTCLUB & BAR, OIMP, ORHMA AND WCR.

(MONDAY, NOVEMBER 4 & TUESDAY, NOVEMBER 5, 2019) - Includes access to the entire exhibit floor, cooking/bartending stage competitions and demonstrations, education sessions.

☐ \$0

☐ \$0

*This registration category does not apply to foodservice industry manufacturers/suppliers.

FOODSERVICE INDUSTRY FULL DELEGATE REGISTRATION – NON-MEMBER

(MONDAY, NOVEMBER 4 & TUESDAY, NOVEMBER 5, 2019) - Includes access to the entire exhibit floor, cooking/bartending stage competitions and demonstrations, education sessions.

☐ \$25

☐ \$50

FOODSERVICE INDUSTRY MANUFACTURER/SUPPLIER DELEGATE REGISTRATION

(MONDAY, NOVEMBER 4 & TUESDAY, NOVEMBER 5, 2019) - Includes access to the exhibit floor, cooking/bartending stage competitions and demonstrations, education sessions. If you would like to exhibit at this year's show, please contact Edwin Cabural at edwinc@mediaedge.ca for details.

☐ \$750

☐ \$1000

CR&B SHOW INDUSTRY BREAKFAST & AWARDS

(TUESDAY, NOVEMBER 5, 2019 – 8:00AM TO 9:45AM) - Includes breakfast and industry awards presentation.

Member

☐ \$25

Non-Member

☐ \$50

YOUR INFORMATION (PLEASE PRINT CLEARLY) - *denotes mandatory fields

*FULL NAME _____ *TITLE _____

*COMPANY _____ *EMAIL _____

*MEMBER OF (IF APPLICABLE): ☐ CWIF ☐ CULINARY FEDERATION ☐ FCSI ☐ MAFSI ☐ NIGHTCLUB & BAR ☐ OIMP ☐ ORHMA ☐ WCR

*ADDRESS _____

*CITY _____ *PROV/STATE _____ *POSTAL CODE/ZIP CODE _____

*COUNTRY _____ *WORK PHONE _____ CELL PHONE _____

***ABSOLUTELY NO ONE UNDER THE AGE OF 19 ALLOWED, INCLUDING INFANTS.**

MORE ABOUT YOU

*Please select which describes your organization's primary business (please select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Full Service Restaurant – Chain | <input type="checkbox"/> Recreation & Related Industries | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Full Service Restaurant – Independent | <input type="checkbox"/> Night Club/Bar/Pub | <input type="checkbox"/> Manufacturer's Rep or Agent |
| <input type="checkbox"/> Quick Service Restaurant – Chain | <input type="checkbox"/> Contract, Social Caterers | <input type="checkbox"/> Industry Consultant |
| <input type="checkbox"/> Quick Service Restaurant – Independent | <input type="checkbox"/> Food & Beverage – Retail | <input type="checkbox"/> Advertising Agency/Media |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Distributor | |
| | <input type="checkbox"/> Service Provider | |

*How many total units are operated by your company? (please select one only)

- | | | | |
|--------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 – 10 | <input type="checkbox"/> 31 – 60 | <input type="checkbox"/> 101 – 500 |
| <input type="checkbox"/> 2 – 5 | <input type="checkbox"/> 11 – 30 | <input type="checkbox"/> 61 – 100 | <input type="checkbox"/> 500+ |

*How many staff members does your company employ? (please select one only)

- | | | | |
|-------------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> 10 or less | <input type="checkbox"/> 21 – 49 | <input type="checkbox"/> 250 – 499 | <input type="checkbox"/> 1,000+ |
| <input type="checkbox"/> 11 – 20 | <input type="checkbox"/> 50 – 249 | <input type="checkbox"/> 500 – 999 | |

*Do you purchase, specify or approve the following products/services? (please select all that apply)

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Software / POS | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Beverage | <input type="checkbox"/> Marketing / Advertising | |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Furniture | |
| <input type="checkbox"/> Small wares | <input type="checkbox"/> Professional Services | |

*What is your company's total annual food & beverage sales? (please select one only)

- | | | |
|--|--|---|
| <input type="checkbox"/> Under \$1,000,000 | <input type="checkbox"/> \$10,000,000 to \$25,000,000 | <input type="checkbox"/> \$100,000,000+ |
| <input type="checkbox"/> \$1,000,000 to \$10,000,000 | <input type="checkbox"/> \$25,000,000 to \$100,000,000 | |

*Is your establishment licensed? (please select one only)

- ☐ Yes ☐ No

*What is your buying influence? (please select one only)

- ☐ Final decision/purchaser ☐ Provide recommendation ☐ No role

***Through our valued exhibitors and sponsors, the CR&B Show will be offering an impressive array of products and services at Show Special pricing. Please indicate your level of interest for purchasing our Show Specials, either before, during or after the show. (please select one box only)**

- ☐ Very Interested ☐ Interested ☐ Not Interested

*Please select which of the below best describes your position (please select one only)

- | | | |
|---|---|---|
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Sous Chef | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Procurement / Purchasing | <input type="checkbox"/> Chef de Partie | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Sommelier | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Executive Chef | <input type="checkbox"/> Mixologist/Bartender | |

PAYMENT

Method of Payment:

- ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS
☐ CHEQUE PAYABLE TO MEDIAEDGE COMMUNICATIONS

****All fees are in Canadian funds. Please Note we do not store credit card information**

Credit Card number: _____

Expiry Date: _____

Security Code (CCV): _____

Name on Card: _____

Signature: _____

For additional registrations, please photocopy this form.

Sub Total \$ _____

Add 13% HST _____

(Calculated on SubTotal)

TOTAL \$ _____

THREE WAYS TO REGISTER

1. Register online at: www.crbshow.ca
2. Fax this form to: 416-512-8344 (Attn: Brad Moore)
3. Mail this form to: MediaEdge Communications Inc.
Attn: Brad Moore
5255 Yonge Street, Suite 1000
Toronto, ON M2N 6P4

**Questions? Please contact Brad Moore at
416-512-8186 x 280 or bradm@mediaedge.ca**

**TRADE ONLY: Admission is restricted to industry personnel only.
No one under the age of 19 will be admitted, including infants.**