

# 2020 DELEGATE REGISTRATION FORM

November 1 & 2, 2020 | 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, MPO AND OHRMA.

(SUNDAY, NOVEMBER 1 & MONDAY, NOVEMBER 2, 2020) - Includes access to the entire exhibit floor, cooking/bartending stage competitions and demonstrations and education sessions.

\$0

\$0

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

### FOODSERVICE INDUSTRY FULL DELEGATE REGISTRATION – NON-MEMBER

(SUNDAY, NOVEMBER 1 & MONDAY, NOVEMBER 2, 2020) - Includes access to the entire exhibit floor, cooking/bartending stage competitions and demonstrations and education sessions.

\$25

\$50

### FOODSERVICE INDUSTRY MANUFACTURER/SUPPLIER DELEGATE REGISTRATION

(SUNDAY, NOVEMBER 1 & MONDAY, NOVEMBER 2, 2020) - Includes access to the exhibit floor, cooking/bartending stage competitions and demonstrations and education sessions. If you would like to exhibit at this year's show, please contact Chuck Nervick at [chuckn@mediaedge.ca](mailto:chuckn@mediaedge.ca) for details.

\$750

\$1000

## 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 \_\_\_\_\_

## MORE ABOUT YOU

\*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 |                                                       |

\*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 |                                 |

\*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

NOTE: "MEC" will appear on your credit card statement.

**CANCELLATION POLICY:** A written email notice is required indicating your intent to cancel or substitute your registration. If you cancel your Show registration due to illness, the full amount can be applied to your 2021 Show registration or you can transfer your 2020 Show registration to another person who will attend the 2020 Show in your absence. Normal processing fees will be waived if you exercise either of these two options. Refunds will not be issued if you do not inform us of your cancellation or substitution prior to the Show or if you do not attend the Show. If the 2020 Show is cancelled, delegates have the option of applying their delegate registration fees to the 2021 Show or to have their fees reimbursed in full. Please send all notification of cancellations or substitutions via email to Brad Moore, Director of Show Operations, at: [bradm@mediaedge.ca](mailto:bradm@mediaedge.ca)

## 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](http://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  
2001 Sheppard Avenue East, Suite 500  
Toronto, ON M2J 4Z8

Questions? Please contact Brad Moore at  
416-512-8186 x 280 or [bradm@mediaedge.ca](mailto:bradm@mediaedge.ca)

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