



## Exhibitor Registration Form

### Tentative Agenda Business Casual Attire

#### Tuesday, November 2, 2010

- Arrival, check-in and registration
- General Session 1: Franchisee-to-franchisee forums, insider reports and seminars
- Exhibitor hall opening

#### Wednesday, November 3, 2010

- General Session 2: More franchisee-to-franchisee forums, insider reports and seminars
- Lunch in exhibitor hall
- General Session 2 continued
- BWNFA Casino Night

#### Thursday, November 4, 2010

- Depart

### Where to Stay

M Resort and Casino  
Las Vegas, NV 89044  
www.themresort.com

### Registration Includes

- One 8x10 Exhibitor Booth
- Rooms nights at the M Resort—Tuesday, Nov. 2 and Wednesday, Nov. 3
- Opportunities to promote your brand to franchisees in one of the strongest fast casual systems

### REGISTRATION

Deadline: October 15, 2010

8x10 Exhibitor Booth	\$3,400	_____
8x10 Booth Non-Member	\$4,400	_____
1st Attendee Registration		<u>Included</u>
2nd Attendee Registration	\$400	_____
Add'l Attendee Registration	\$700	_____
<b>Registration Total</b>		<b>\$ _____</b>

No Refunds

\*Attendees must stay at the M Resort, room nights will be reserved for you through the BWNFA and are included in your registration

\*\*Registrations received after Oct. 15, 2010, CANNOT be guaranteed for available room nights and attendance at all Summit activities.

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

1st Attendee Name: \_\_\_\_\_

2nd Attendee Name: \_\_\_\_\_

Additional Attendee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### HOW TO REGISTER

#### Check

Mail check and registration form to:  
Buffalo Wings National Franchisee Association, Inc.  
ATTN: Business Information Summit  
1201 Roberts Blvd., Suite 110  
Kennesaw, GA 30144

#### Credit Card

Complete, sign and fax this registration form to (678) 797-5170

Card Type:  VISA  MC

Account Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I agree my liability for this purchase is not waived and agree to be held personally liable in the event charges are not paid. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney fees and costs incurred.



Additional room nights may be available.  
Contact the BWNFA for details.