



January 5-12, 2025
Fairmont Kea Lani, Wailea, Hawaii (Maui)

I. REGISTRANT INFORMATION

First Name _____ Last Name _____
 Spouse/Guest Name _____
 Title _____
 Company _____
 Address _____
 City _____ State/Prov. _____
 Zip/Postal Code _____ Country (if other than U.S.) _____
 Telephone _____ Fax _____
 E-mail _____
 Special Assistance (Please Specify) _____

2. REGISTRATION FEES

All registrations include: Education Sessions (4), Breakfasts (4), Evening Receptions (2), Hotel accommodations for seven nights, arriving January 5 and departing January 12, and are inclusive of taxes and a daily resort fee of \$25.00. Rates are based on single/double occupancy. If you'd like to include children (ages 12-18) in Symposium meal functions, please complete information below (separate fee applies). **The Fairmont Kea Lani is an all suite property and do not offer adjoining rooms.**

	RETAIL	ALL OTHER REGISTRANTS
Ocean View Suite	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$9,000
Deluxe Ocean View Suite	<input type="checkbox"/> \$7,850	<input type="checkbox"/> \$9,350
Kilohana Suite (2)	<input type="checkbox"/> \$8,375	<input type="checkbox"/> \$9,875
Two Bedroom Villa (4)*	<input type="checkbox"/> \$19,925	<input type="checkbox"/> \$21,425
Additional Children (Ages 12-18)	<input type="checkbox"/> \$375	<input type="checkbox"/> \$375

Child Name(s) _____

Arrival Date _____ Departure Date _____

*Two-Bedroom Ocean Front Villas are limited to two and will be assigned on a first-come, first-served basis. Villas include full gourmet kitchen/dining area, living room, two master bedrooms, plunge pool & BBQ. Payments for Villa Packages are due within 45-days of submitting registration form.

Based on availability additional night rates are: \$750 Ocean View Suite; \$800 Deluxe Ocean View Suite; \$875 Kilohana Suite and \$2,525 Two Bedroom Villa.

3. PAYMENT INFORMATION

Payment to attend the 2025 Independent Operators Symposium must be paid in full no later than December 9, 2024. Non-payment could result in cancellation.

TOTAL: _____ Enclosed is my: Check (payable to California Grocers Association)
 AMEX Visa Mastercard

Card No. _____

Exp. Date _____ Security Code _____

Cardholder Name (please print) _____

Signature (required for all credit card payments) _____



Cancellations: To receive a refund for payment of registration, notification must be received in writing no later than November 30, 2024. Registration received after this date are non-refundable, but substitutions will be allowed.

Terms & Conditions: The Independent Operators Symposium registration packages include seven nights hotel stay (January 5-12, 2025). Price adjustments are not available for stays less than the seven nights.

Instructions: Registration confirmation letters will be sent via email, fax or mail to each registrant. If badge corrections or changes are needed, please note them on the confirmation and return as instructed in the confirmation letter, no later than December 27, 2024.

Questions regarding the Independent Operators Symposium? Please email Beth Wright, Sr. Director, Events & Sponsorship, at bwright@cagrocers.com, or call (530) 219-9951.

Please visit our website at www.cagrocers.com for further details.

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