



## COMPLIMENTARY SHOW REGISTRATION

YOU'RE INVITED TO REGISTER FOR FREE

Compliments of

While you're at the ApEx show please come by and visit us.

We'll be at Booth # \_\_\_\_\_

### **Exhibition Park – Halifax, Nova Scotia**

Sunday, April 15 10 am to 5 pm

Monday, April 16 10 am to 5 pm

**As a valued member of our industry, we'd like to invite you to see the show with our compliments.**

You can register in one of 2 ways:

1. Visit the event website at **[www.apextradeshow.ca](http://www.apextradeshow.ca)** and click Register Today, until **April 12, 2012, 4 pm AST.**  
**OR**
2. Complete the form and bring it with you to the show. Present it to the registration staff at the **on-site Registration Desk** and they will prepare a badge while you wait.

*Trade Only – Admission is restricted to industry personnel only. Persons under 19 not admitted. (No infants or children, please)*





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

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

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

Suite: \_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_

PC/Zip: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Please contact me via email with future information about the show.

**Type of Business**

(please circle one only)

- A Contract Foodservice
- B Fine Dining (table service)
- C Hotel or Motel Restaurant
- D Hotel/Motel Resort
- E Informal/Family Dining table service
- F Institution (hospital/school/nursing home)
- G Private Club/Golf
- H Quick Counter Service
- I Licensee/Pub/Tavern/Nightclub
- J Caterer
- K Foodservice Wholesaler
- L Recreational Facility/Sports/Social/Banquet Hall/Casino
- M Equipment Dealer
- N Bakery/Deli/Retail/Café
- O Consulting/Government
- P Other (must specify)

**How many staff members does your company employ?**

(please circle one only)

- 1 10 or less
- 2 11 – 20
- 3 21 - 49
- 4 50 - 249
- 5 250 – 499
- 6 500 or more

**What best describes the type of ownership?**

(please circle one only)

- 1. Franchisor
- 2. Franchisee
- 3. Independent
- 4. Corporate-owned chain
- 5. Non-commercial

**Rate your buying influence:**

(please circle one only)

- 1. Final decision
- 2. Influence decision
- 3. Provide recommendation
- 4. No role

**What are the annual food & beverage sales of your operation?**

(please circle one only)

- 1. Under \$250,000
- 2. \$250,000 to \$500,000
- 3. \$500,000 to \$1,000,000
- 4. \$1,000,000 to \$2,000,000
- 5. \$2,000,000+

**Title or Position**

(please circle one only)

- 1. Corporate Executive/Director
- 2. Owner/Operator
- 3. Buyer/Purchasing Agent
- 4. Chef/Sous Chef
- 5. Manager
- 6. Assistant Manager
- 7. Consultant
- 8. Supervisor
- 9. Dietician
- 10. Cook/Wait Staff/Host/Bartender
- 11. Administrative/Sales Staff
- 12. Teacher/Trainer
- 13. Student
- 14. Other (must specify)

**How many units are operated by your company?**

(please circle one only)

- 1. 1
- 2. 2 – 5
- 3. 6 – 10
- 4. 11 – 30
- 5. 31 – 60
- 6. 61 – 100
- 7. 101 – 500
- 8. Over 500

**What is your purchase or recommended purchase timeframe for products and services you will be reviewing for the show?**

(please circle one only)

- 1. Within 90 days
- 2. 3 – 6 months
- 3. 6+ months

**Is your establishment licensed?**

(please circle one only)

- 1. Yes
- 2. No