

ATTENDEE REGISTRATION FORM

October 3rd, 2024

Hilton Garden Inn | Downtown Sioux Falls
201 E 8th. St. | Sioux Falls, South Dakota 57103



Name: _____

Company: _____

Phone: (_____) _____ **Email:** _____

Please select which portions of the day you will be attending.

Registration: *Check-in and grab your name tag*
8:00am - 8:30am

Activity: *Designer Amazing Race - More details to come*
8:30am - 10:00am

Speaker: *Will Powell - More details to come*
10:00am - 11:00am

Rep Appreciation Lunch: *Join us for lunch with all of your favorite reps!*
11:00am - 12:00pm
Dietary Restrictions: _____

Design Exposition: *Free to attend, pre-registration encouraged*
12:00pm - 5:00pm

After Party: *Join us for drinks and appetizers!*
5:00pm - 10:00pm
Dietary Restrictions: _____

If you are attending the seminar, lunch, and/or after party, pre-registration is required:

- Students: FREE
- SDID Members: \$50
- Non-Members: \$100

Please complete form and mail with check payable to SDID:
South Dakota Interior Designers (SDID)
ATTN: Treasurer
PO Box 2194
Sioux Falls, SD 57101

If you have any questions please contact Abby @ Abby.Fischer@canfieldco.com