



We would like to participate in the CDC Distributors travel program below and have given our territory manager the required cash deposit.

**Please sign us up for:** *(Please check all that apply. Please type or print all information.)*

**Hawaii**, March 26 - April 1, 2025

- Double Occupancy at 57,600 points per couple, or  Single (room alone) at 37,200 points per person. \_\_\_\_\_
- \_\_\_\_ Extra passengers, as Adult (17 yrs and older) at 23,800 points per person. \_\_\_\_\_
- \_\_\_\_ Extra passengers, as Child (16 yrs and younger) at 19,800 points per person. \_\_\_\_\_

**Add us to the Kauai Extension**, April 1-4, 2025

- Double Occupancy at 19,800 points per couple, or  Single (room alone) at 15,960 points per person. \_\_\_\_\_
- \_\_\_\_ Extra passengers, as Adult (17 yrs and older) at 5,900 points per person. \_\_\_\_\_
- \_\_\_\_ Extra passengers, as Child (16 yrs and younger) at 4,600 points per person. \_\_\_\_\_

- Departure City:**
- Cleveland, OH
  - Cincinnati, OH
  - Columbus, OH
  - Dayton, OH
  - Detroit, MI
  - Grand Rapids, MI
  - Evansville, IN
  - Indianapolis, IN
  - Louisville, KY
  - St. Louis, MO
  - Other: *(Surcharge may apply)* \_\_\_\_\_
  - I/We will make our own air arrangements. Deduct 4,012 points per person as an air credit. \_\_\_\_\_

The maximum number of people allowed to occupy a room is four (4).

**TOTAL POINT OBJECTIVE:**

**Please type or print all information.**

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Participant #1 Name: *(As it appears on your Passport):* \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant #2 Name: *(As it appears on your Passport):* \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant #3 Name: *(As it appears on your Passport):* \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant #4 Name: *(As it appears on your Passport):* \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Ste. No: \_\_\_\_\_

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

This is a:  Home Address  Work Address E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ This is a:  Home  Work  Mobile

**Trip Points:** As a "Rising Star" account, CDC Distributors will award **3% of your total sales volume** as Bonus Points from your first dollar of purchase from the qualifying period.

**CDC "RISING STARS"** are defined as a new retailer who has never traveled with CDC Distributors, or has not participated in a travel promotion in the past five years. Current trip drawing winners are not precluded from being a Rising Star. Once a "Rising Star" has become established with CDC Distributors, they will automatically revert to "Premier Dealer" status in subsequent years.

**DIRECT CONTAINER SHIPMENTS WILL BE EXCLUDED FROM SALES TOTALS AND WILL NOT EARN BONUS POINTS.**

**Note that CDC Distributors includes cushion and underlayment in the points reward. Points have NO CASH value, and are awarded on completed trips only. Points are valid for the current years program(s) only and cannot be rolled forward to future trips.**

**Open Accounts:** All open accounts must be in good standing with the CDC credit department. No travel documents will be sent without credit department approval.

**Tax Obligations:** All trips earned do not include any income tax that may become due. CDC Distributors is required to send an IRS Form 1099 to participants based on current IRS regulations.

**Responsibility:** CDC Distributors, its agents, contractors, and suppliers and their parent, subsidiary, and affiliated companies maintain no control over those who participate in the various incentive trips, and shall not be liable for any injury, damage, loss, expense, accident, inconvenience or other liability caused by participation in this incentive program.

**I certify that we are a:** *(A selection is required. Indicate only one. For Corporations or LLC's please include your Federal Employers ID number. For Partnerships or Sole Proprietorships, please include your Social Security number.)*

Corporation, or  LLC  
Federal Employers ID: \_\_\_\_\_

Partnership, or  Sole Proprietorship  
Social Security Number: \_\_\_\_\_

Signature: *(required)* \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



Please indicate your special pricing choices from the options below.

- Option #1** - Please add the following overbill amounts to my purchases: *(Please indicate only those product groups to increase.)*  
 Note that (Plan "B" Doubles all Amounts of Plan "A")

PRODUCT	Plan "A"	Plan "B"
Beauflor Vinyl	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Carpet Broadloom and Tiles	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Cushion	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Wood	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
TruShield LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft

PRODUCT	Plan "A"	Plan "B"
LG LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Laminate	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Timeless Designs Wood	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Timeless Designs Rigid Core	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Schonox	<input type="checkbox"/> \$2.50 Bag	<input type="checkbox"/> \$5.00 Bag

- Option #2** - I would like the percentage amount indicated to be added to **all** of my purchases:  
 1%    2%    3%    4%    5%
- Option #3** - Please keep me on my current special pricing program.

*Dealer Initials are Required*

Dealer Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Eligibility:** All customers served by CDC Distributors are eligible to participate.

**Enrollment:** Any customer wishing to participate in this program must complete an enrollment form and place a deposit.

**Deposits:** A non-refundable deposit is required with each enrollment form. This deposit will be applied to your trip account once your trip is completed. The deposit is **\$1,000 per couple**.

**Promotional Period:** March 1, 2023 - December 31, 2024 (22 Months)

**Travel Dates:** Wednesday, March 26 - Tuesday, April 1, 2025\* (Base program)  
 Wednesday, March 26 - Friday, April 4, 2025\* (Base Program w/ Extension)

\* Flights from Hawaii to the mainland are overnight, returning on April 2 (base) or April 5 (extension).

**Proof of Citizenship:** All U.S. Citizens are required to show valid government-issued photo identification consisting of a REAL ID, state-issued Enhanced driver's license, or a passport.

**Cancellations:** Any customer wishing to drop out of this program may do so. The following cancellation schedule will apply. Bonus points contributed by CDC are not refundable and may not be used to cover any cancellation charges. Remaining points will be held in your trip account for future trips or refunded on request.

**Hawaii** (These charges apply to all participants.)

**Kauai** (These charges only apply to participants on the Kauai extension.)

Signup - September 25, 2023	Deposit
September 26 - November 10, 2023	Deposit
November 11, 2023 - March 25, 2024	\$1,500.00/pp * + Deposit
March 26 - June 25, 2024	\$2,250.00/pp * + Deposit
June 26 - September 25, 2024	\$3,000.00/pp * + Deposit
September 26 - December 24, 2024	\$3,500.00/pp * + Deposit
December 25, 2024 - Operation	100% of Trip Cost *

Signup - September 25, 2023	Deposit
September 26 - December 24, 2023	Deposit
December 25, 2023 - March 25, 2024	\$550.00/pp * + Deposit
March 26 - June 25, 2024	\$550.00/pp * + Deposit
June 26 - September 25, 2024	\$850.00/pp * + Deposit
September 26 - December 24, 2024	\$1,200.00/pp * + Deposit
December 25, 2024 - Operation	100% of Trip Cost *

\* These amounts are in addition to costs for any special arrangements previously made on your behalf.

**Additional Information:** Please visit our travel website [www.cdcdisttravel.com](http://www.cdcdisttravel.com) for information.

*I acknowledge that I have read and agree to the program rules and authorize the special overbill pricing above. Furthermore, I understand that should I drop from the program, I will be responsible for any cancellation penalties incurred on my behalf.*

*Point quotas in this agreement are based on rates and tariffs in effect as of March 1, 2023. CDC Distributors, Inc. reserves the right to increase your point quota in the event said rates and tariffs increase at any time from enrollment to trip operation.*

Signature: (required) \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only**

Territory Manager: \_\_\_\_\_ Branch: \_\_\_\_\_ Date: \_\_\_\_\_ ID#: \_\_\_\_\_

**Deposit: Amount:** \_\_\_\_\_ Paid Via:  Check# \_\_\_\_\_  Bill Customer Account  Order / Ref# \_\_\_\_\_