



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

Ireland, October 9-17, 2026

- ☐ Double Occupancy at 66,200 points per couple, or ☐ Single (room alone) at 43,500 points per person. _____
- ____ Extra passengers, as Adult (12 yrs and older) at _____ points per person. _____
- ____ Extra passengers, as Child (11 yrs and younger) at _____ points per person. _____

Scotland Pre-trip Extension, October 6-10, 2026

- ☐ Double Occupancy at 21,100 points per couple, or ☐ Single (room alone) at 14,800 points per person. _____
- ____ Extra passengers, as Adult (12 yrs and older) at _____ points per person. _____
- ____ Extra passengers, as Child (11 yrs and younger) at _____ points per person. _____

- Departure City:** ☐ Cleveland, OH ☐ Cincinnati, OH ☐ Columbus, OH ☐ Dayton, OH
- ☐ Detroit, MI ☐ Grand Rapids, MI ☐ Indianapolis, IN ☐ Louisville, KY
- ☐ St. Louis, MO ☐ Other: *(Surcharge may apply)* _____
- ☐ I/We will make our own air arrangements. Deduct 7,000 points per person as an air credit. _____

The maximum number of people allowed to occupy a room is three (3).

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: _____

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", CDC Distributors will award **3% of your total sales volume** as Bonus & Incentive Points, beginning when we receive your enrollment form and deposit.

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.

CDC DISTRIBUTORS RESERVES THE RIGHT TO EXCLUDE DIRECT CONTAINER SHIPMENTS AND/OR NEGOTIATED DEALS FROM CUSTOMER SALES TOTALS. THESE TRANSACTIONS WILL NOT EARN BONUS & INCENTIVE POINTS.

CDC Distributors includes cushion in the points reward. CDC Bonus & Incentive Points have NO CASH value, are not refundable, 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. Please consult your tax advisor with questions.

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 Product Overbill 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"
All Vinyl	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
All Carpet	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
All Cushion	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard

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

☐ **Option #2** - Please keep me on my current Product Overbill Program.

Dealer Initials: _____

Enrollment & Deposits: Any customer wishing to participate in a CDC travel program must complete an enrollment form and place a non-refundable deposit.

- For enrollments received by December 31, 2024, a deposit of \$1,500 per couple is required.
- For enrollments received January 1-February 28, 2025, a deposit of \$2,500 per couple is required.

Note that enrollments received after February 28, 2025 require authorization from CDC management.

The deposit may be paid with a check, billed to your CDC promotional account, or with an initial order, **but may not be paid using CDC Bonus & Incentive Points**. This deposit will be applied to your trip account once your trip is completed.

Promotional Period: September 1, 2024 - June 30, 2026 (22 Months)

Promotional Account: Trip points *(earned via Product Overbills and CDC Bonus & Incentive Points)* will be deposited into your promotional account on a monthly basis. If at any time during the promotional period, the funds in your promotional account fall short of covering your goal in accordance with our Progress Schedule, CDC Distributors reserves the right to invoice in the amount required to keep you "on target" to qualify. For a copy of our Progress Schedule, please visit www.cdcdisttravel.com, or request a copy from your CDC Distributors territory manager. Dealer Initials: _____

Travel Dates: The base travel dates are October 9-17, 2026. The dates for the pre-trip extension to Scotland are October 6-10, 2026.

Proof of Citizenship: All U.S. citizens must have a round-trip airline ticket, and a U.S. passport valid for the duration of their stay. Non-U.S. citizens should contact their local consulates for travel requirements.

Cancellations: Any customer wishing to drop out of this program may do so, and charges will be applied based on the cancellation schedule below. **Bonus & Incentive Points contributed by CDC Distributors 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.

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

Enrollment – October 5, 2025	Deposit*
October 6, 2025 – January 5, 2026	\$1,100.00/pp* + Deposit
January 6 – April 5, 2026	\$1,500.00/pp* + Deposit
April 6 – June 5, 2026	\$2,500.00/pp* + Deposit
June 6 – July 5, 2026	\$3,200.00/pp* + Deposit
July 6, 2026 – Operation	100% of Trip Cost*

Ireland with Scotland Pre-trip Extension

Enrollment – October 5, 2025	Deposit*
October 6, 2025 – January 5, 2026	\$1,400.00/pp* + Deposit
January 6 – April 5, 2026	\$1,950.00/pp* + Deposit
April 6 – June 5, 2026	\$3,350.00/pp* + Deposit
June 6 – July 5, 2026	\$4,050.00/pp* + Deposit
July 6, 2026 – Operation	100% of Trip Cost*

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

Dealer Initials: _____

I acknowledge that I have read and agree to the program rules and authorize the 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 exchange rates and tariffs in effect as of September 1, 2024. 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, or due to unforeseen increases in the initial airfare charged to CDC Distributors. Dealer Initials: _____

Signature: (required) _____ Title: _____ Date: _____

For Internal Use Only

Territory Manager: _____ Branch: _____ Date: _____ ID#: _____

Deposit: Amount: _____ Paid Via : ☐ Check# _____ ☐ Bill Customer Account ☐ Order / Ref# _____