



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

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

**Cap Cana, Dominican Republic,** February 16-21, 2023

- Double Occupancy at 32,000 points per couple, or  Single (room alone) at 21,600 points per person. \_\_\_\_\_
- \_\_\_\_ Extra passengers, as adult (13 yrs and older) at 10,200 points per person. \_\_\_\_\_
- \_\_\_\_ Extra passengers, as child (12 yrs and younger) at 8,800 points per person. \_\_\_\_\_
- \_\_\_\_ Additional **Pre-Trip** Night(s) in Cap Cana at 3,320 points per night. \_\_\_\_\_
- \_\_\_\_ Additional **Post-Trip** Night(s) in Cap Cana at 3,320 points per night. \_\_\_\_\_

**Special Request** *(Please Specify):* \_\_\_\_\_

- 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):* \_\_\_\_\_

- Check here if you are currently enrolled for Costa Rica (operating February 2022).** *Customers enrolled for both Costa Rica and Cap Cana will be eligible for special Bonus Point and Major Prize Award opportunities from CDC Distributors.*
- Check here if you are interested in Trip and/or Medical insurance. We will contact you with available options approximately six (6) months prior to departure.

**Total  
Point Objective**

The maximum number of people allowed to occupy a room is four (4), comprised of two adults and two children.

**Please type or print all information.**

*Note: All information will be sent to the home address unless otherwise indicated.*

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Suite No: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

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

**Important:** CDC "Rising Stars" are defined as retail accounts who have never or are not actively buying merchandise from CDC Distributors, are current trip drawing winners, or are not active participants in our trip promotions. Once a "Rising Star" has become established with CDC Distributors, they will automatically revert to the CDC standard bonus point program 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, it's 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.

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"
Tarkett Vinyl	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
Beauflor Vinyl	<input type="checkbox"/> \$0.25 Yard	<input type="checkbox"/> \$0.50 Yard
VCT	<input type="checkbox"/> \$2.50 Box	<input type="checkbox"/> \$5.00 Box
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
Beauflor LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
Tarkett LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft

PRODUCT	Plan "A"	Plan "B"
Nox LVT	<input type="checkbox"/> \$0.10 Sq/Ft	<input type="checkbox"/> \$0.20 Sq/Ft
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
Harris Wood/LVC	<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

*Dealer Initials are Required*

- 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: \_\_\_\_\_  
 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 **\$250 per couple**.

**Promotional Period:** **Cap Cana: July 1, 2021 - December 31, 2022 (18 Months)**

**Travel Dates:** **Cap Cana: Thursday, February 16 - Tuesday, February 21, 2023**

**Proof of Citizenship:** All U.S. citizens must have a round-trip airline ticket, and a U.S. passport with at least six (6) months validity to travel.

**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.

Cap Cana	
Enrollment to May 15, 2022	Deposit
May 16 to August 15, 2022	\$300 Per Person + Deposit
August 16 to October 15, 2022	\$600 Per Person + Deposit
October 16 to December 15, 2022	\$1,100 Per Person + Deposit
December 16, 2022 to Operation	100% of Trip Cost

**Additional Information:** Please visit our travel website [www.cdcdistravel.com](http://www.cdcdistravel.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 September 1, 2020. 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# \_\_\_\_\_