

ATTENDEE REGISTRATION FORM

(Exhibitors - please use exhibitor registration form)



Company Information

Company _____

Mailing Address _____

City/State/Zip _____

Telephone _____ Fax _____

Email _____

Website _____

- Check All That Apply: NIADA Member Retail Dealer BPHH Dealer
 Independent Dealer Franchise Dealer
- Is this your first time to attend a NIADA Convention & Expo? Yes No
- Do you plan to make reservations at the Caesars Palace Hotel? Yes No



REGISTER NOW & SAVE!!
 Register by 6/11/2010 and save \$100 for a full convention registration...Plus, for registering additional people from your company, you receive additional discounts.
Register TODAY!!

Registration Information (email confirmations will be sent upon receipt.)

Convention Registration

All convention registration attendees are allowed access to all events.

1	First Person from Dealership(Company) Badge name: _____ Email: _____	Check One: <input type="checkbox"/> Dealer/Corporate Officer <input type="checkbox"/> General Manager <input type="checkbox"/> F&I Manager <input type="checkbox"/> Other Employee			
2	Second Person from Dealership(Company) Badge name: _____ Email: _____	Check One: <input type="checkbox"/> Dealer/Corporate Officer <input type="checkbox"/> General Manager <input type="checkbox"/> F&I Manager <input type="checkbox"/> Other Employee			
3	Third or Additional Person(s) Badge name: _____ Email: _____ Badge name: _____ Email: _____	Check One: <input type="checkbox"/> General Manager <input type="checkbox"/> F&I Manager <input type="checkbox"/> Other/Guest Check One: <input type="checkbox"/> General Manager <input type="checkbox"/> F&I Manager <input type="checkbox"/> Other/Guest			
4	Children ages 13yrs old - 17yrs old (under age 12 are Free) Badge name: _____ Age: _____ Badge name: _____ Age: _____				

Pre Registration (before 6/11/10)	Onsite Registration (after 6/11/10)	Item Total
\$395 each	\$495 each	
\$295 each	\$395 each	
\$195 each	\$295 each	
\$125 each	\$125 each	

Expo Only Registration

Allows access to Exhibit Hall ONLY...June 15th-17th.

1	Person(s) attending the Expo ONLY Badge name: _____ Email: _____ Badge name: _____ Email: _____				
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\$225 each	\$325 each	
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Please list additional names and registration type on separate page. Thank you! Total \$ Amount _____

Payment Information

Full payment must accompany registration forms.

TOTAL \$ AMOUNT

In the event you must cancel, written notice must be received by May 28, 2010 for a full refund minus a \$25 cancellation fee. No refund will be given for cancellations received after May 28, 2010.

Check Enclosed (Please make payable to NIADA) Visa Mastercard AMEX Discover

Card Number _____ Exp Date _____ Verification Code _____

Card Holder Name _____ Signature _____

Mail or Fax this form to:

Mail to: National Independent Automobile Dealers Association
 2521 Brown Blvd. | Arlington, TX 76006 | or Fax to: 817.649.5618

web

If you require a special diet, please contact NIADA.