

registration





October 13-15, 2021 | Hyatt Regency Hill Country Resort & Spa | San Antonio, TX

exhibit room. Rooms are available on a first-come, first-served basis.

REGISTER ONLINE AT WWW.AUTOCARE.ORG/UTICCONVENTION

EACH PERSON REGISTERING MUS	T FILL OUT A SEPARATE REGISTRATION FO	ORM. IF ADDITIONA	AL COPIES ARE NEEDED, PLEASE REPRODUCE THIS FORM.
First Name: La		Last Name:	
Badge Name:		Job Title:	
Company Name:			
Address:		City:	State: Zip:
Phone:		Email:	
1. I AM REGISTERING AS:			3. ACTIVITIES REGISTRATION
WHOLESALER			Ardwyn Binding
☐ Auto Care Association Member Wholesaler Delegate		\$99	Guest Event: Guest x
□ Non-Member Wholesaler Delegate*		\$400	
EXHIBITOR AND MANUFACTURERS' REPS			POLICIES Cancellation: If notice is received on or before Sept. 10, 2021, a full refund less a \$50 administrative fee will be given. Before Sept. 24, 2021, 50 percent of the registration fee will
☐ Auto Care Association Member Primary Exhibitor Delegate*		\$1,225	be refunded. No refunds after Sept. 25, 2021. Substitutions are free and accepted at any time.
☐ Auto Care Association Member Additional		\$400	Contact information/photo: By registering for this conference, you give permission for Auto Care Association to share the above contact information with other registered guests. Furthermore, any photos taken may be used for future association use.
☐ Auto Care Association Member Manufacturers' Representative*		\$99	4 DAVMENT
Total Registration \$		\$	4. PAYMENT
* Exhibitors and manufacturers' representatives must be association members to attend the convention.			☐ Check enclosed # Payable to: Auto Care Association
Contact the Auto Care Association to discuss membership rates at 301-654-6664 or email info@autocare.org.			Charge to: ☐ Visa ☐ MasterCard ☐ American Express
			Account #:
2. GUEST REGISTRATION			Exp. Date: CVV:
May attend meals and social functions. Not permitted in one-on-one meetings.			Card Holder's Name:
Guest: \$49 x (qty)	Guest Name:		Signature: Date:
	Guest Name:		LIABILITY WAIVER: By signing this registration form, I acknowledge that I have read and accepted the payment and refund policies. Further, I understand that if I fail to appear, that I, or my organization, will still be liable for the total charges due.
Guests (12 years and under) Name/Age:			
Free x (qty)	Name/Age:		
Primary guest email address:			5. HOTEL INFO
Total Guest Registration \$			Reservation deadline is Friday, Sept. 17, 2021.
☐ Please check here if you have any special requests, dietary restrictions or disabilities of			Please visit autocare.org/uticconvention to reserve your guest room and

which the staff and hotel should be aware. An Auto Care Association staff person will contact

you to discuss your needs.