



NOVEMBER 2-4, 2019  
LAS VEGAS, NEV.

# ADDITIONAL ATTENDEE REGISTRATION

ONLINE REGISTRATION AVAILABLE AT  
[WWW.AUTOCARE.ORG/EVENTS](http://WWW.AUTOCARE.ORG/EVENTS)

By registering for the 2018 AWDA Conference you give consent to the organization to share your provided contact information with other registered attendees.

First Name		Last Name	
Nickname for Badge		Your Title	
Company Name			
Address			
City	State	Zip Code	
Email		Phone	

## BUSINESS TYPE (Please select one box.)

- WD                       Prog. Grp.                       Mfg.  
 Bus. Srv.                       Mfg. Rep.                       Other

## REGISTRATION FEES (Please select one box.)

Registrants must be AWDA/Auto Care Association members.  
Manufacturers/Bus. Srv. Companies must have a booth at AAPEX.

- |  | early-bird                     | after Oct. 1                   |
|--|--------------------------------|--------------------------------|
| * Add'l WDs/Program Group Attendee Fee                                   | <input type="checkbox"/> \$385 | <input type="checkbox"/> \$485 |
| * Add'l Manufacturer/Bus. Srv. Attendee Fee                              | <input type="checkbox"/> \$475 | <input type="checkbox"/> \$575 |
| <b>Manufacturers' Rep Agency Fee</b><br>(includes up to three Attendees) | <input type="checkbox"/> \$725 | <input type="checkbox"/> \$825 |
| * <b>Manufacturers' Rep Individual Attendee Fee</b>                      | <input type="checkbox"/> \$475 | <input type="checkbox"/> \$575 |

## COMPANY/DELEGATE FEES

\$ \_\_\_\_\_

- Please check here if you have any special requests, dietary restrictions or disabilities of which the Auto Care Association should be aware. Staff will contact you to discuss your needs more thoroughly.

\* Available for online registration.

## SPOUSE/GUEST REGISTRATION

Spouse/guest registration is complimentary, but does not include admittance to One-on-One meetings.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname for Badge \_\_\_\_\_

## PAYMENT INFORMATION

Payment must accompany registration form.

- Check enclosed \$ \_\_\_\_\_ (payable to Auto Care Association)

Charge to:  Visa     MasterCard     AmEx

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

## CANCELLATION/REFUND POLICY

Full refunds will be processed for cancellations received up to 30 days before the conference start date. Cancellations received after 30 days will receive a 50 percent refund. No refunds will be processed for cancellations received 14 days before the conference.

## ONLINE HOTEL RESERVATIONS!

Reserve your hotel online at [www.autocare.org/awdaconference](http://www.autocare.org/awdaconference). Hotel reservations without AWDA Conference Registration will be cancelled.

**Manufacturers/Business Services** - The link to reserve your One-on-One meeting suite (which may also be used as a guestroom) will be included in your company registration confirmation email.



## RETURN COMPLETED FORM TO:

AWDA - Auto Care Association, 7101 Wisconsin Avenue, Suite 1300, Bethesda, MD 20814

**FAX:** 301-654-3299 **EMAIL:** [heather.dellapenna@autocare.org](mailto:heather.dellapenna@autocare.org). Please do not mail if already faxed. This will result in duplication of charges.