



92ND AEA Annual Membership Meeting

JUNE 26-29, 2009 OMNI SAN DIEGO, SAN DIEGO, CALIF.

REGISTRATION FORM

Please complete one form per company delegate. If additional copies are needed, please reproduce this form.

Delegate Information:

Name	
Nickname for Badge	
Company	
Address	
City	
State	Zip
Phone	Fax
E-mail	

DELEGATE REGISTRATION INCLUDES: All scheduled meal functions, educational sessions and one-on-one business conferences.

Member Registration Rates:

	Received by May 15	After May 15
Distributor Primary Delegate	\$385	\$485
Distributor Additional Delegate	\$330	\$400
Manufacturer Primary Delegate	\$935	\$1,170
Manufacturer Additional Delegate	\$440	\$550

Non-member Registration Rates:

Check here if you wish to receive AAIA membership information.

	Received by May 15	After May 15
Distributor Primary Delegate	\$810	\$1,000
Distributor Additional Delegate	\$330	\$400
Manufacturer Primary Delegate	\$1,885	\$2,250
Manufacturer Additional Delegate	\$440	\$550

Spouse/Guest Information:

SPOUSE/GUEST REGISTRATION INCLUDES: All meal functions, the keynote address and a special spouse hospitality suite.

Spouse/Guest Registration \$175

Name
Nickname For Badge

Please check here if you have any special requests, dietary restrictions, or disabilities of which the staff should be aware. An AAIA staff member will contact you to discuss your needs more thoroughly.

Deadline for receipt of this registration form is May 15, 2009.

Payment Information:

GRAND TOTAL \$ _____

Check Enclosed # _____

(made payable to AAIA)

Charge to: Visa MasterCard American Express

Account # _____

Exp. Date _____

Name on Card _____

Signature _____

Cancellation Policy

All cancellations must be received in writing and are subject to a \$50 processing fee. Cancellations received between June 1 and June 15, 2009 are subject to a 50 percent cancellation fee. Sorry, no refunds after June 15, 2009. Failure to notify AAIA of your intent to cancel prior to the start date of the event will result in being invoiced for the full registered amount and credit will not be issued. Substitutes are accepted at any time at no additional cost.

Return To...

AAIA
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814
Fax: 301-654-3299

Register online at www.aftermarket.org.

AAIA[®] Automotive Aftermarket
Industry Association

7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814
Phone: 301-654-6664
Fax: 301-654-3299
E-mail: aaia@aftermarket.org
www.aftermarket.org



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SPONSORSHIP FORM

SPONSORSHIP OPPORTUNITIES AND RAFFLE PRIZE DONATION FORM

Sponsorship Opportunities

Becoming a sponsor demonstrates industry support and allows you to showcase your products and services to the industry.

Sign up quickly — opportunities are limited!

As a sponsor, you receive:

- Recognition throughout the meeting.
- Acknowledgement of your sponsorship in the on-site program.
- Prominent exposure on the sponsor appreciation media located in the registration area.
- A sign with your company name at the sponsored function.
- One free additional delegate registration with a sponsorship of \$1,000 or more.

Please check the event(s) your company would like to sponsor, the raffle prize your company will donate, or both, and fax this form to 301-654-3299.

YOU MAY ALSO MAIL TO:

AAIA

7101 Wisconsin Avenue, Suite 1300

Bethesda, MD 20814

Fax: 301-654-3299

For more information, contact Freda Jones at 301-654-6664 or e-mail freda.jones@aftermarket.org.

Payment Information:

Name	_____
Company	_____
Check Enclosed #	_____ (made payable to AAIA)
SPONSORSHIP TOTAL \$	_____
Charge to:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Account #	_____
Exp. Date	_____
Name on Card	_____
Signature	_____

Deadline for receipt of this registration form is May 15, 2009.

Friday, June 26

- | | |
|--------------------------------------------|--------------|
| <input type="checkbox"/> Welcome Reception | \$5,000 |
| <input type="checkbox"/> or 2 sponsorships | \$2,500 each |

Saturday, June 27

- | | |
|--------------------------------------------|--------------|
| <input type="checkbox"/> Breakfast | \$3,000 |
| <input type="checkbox"/> or 3 sponsorships | \$1,000 each |
| <input type="checkbox"/> Keynote Speaker | \$3,000 |
| <input type="checkbox"/> or 3 sponsorships | \$1,000 each |
| <input type="checkbox"/> Refreshment Break | \$500 |
| <input type="checkbox"/> Luncheon | \$3,000 |
| <input type="checkbox"/> or 3 sponsorships | \$1,000 each |
| <input type="checkbox"/> Reception | \$3,000 |
| <input type="checkbox"/> or 3 sponsorships | \$1,000 each |

Sunday, June 28

- | | |
|--------------------------------------------|--------------|
| <input type="checkbox"/> Breakfast | \$3,000 |
| <input type="checkbox"/> or 3 sponsorships | \$1,000 each |
| <input type="checkbox"/> Luncheon | \$3,000 |
| <input type="checkbox"/> or 3 sponsorships | \$1,000 each |
| <input type="checkbox"/> Refreshment Break | \$500 |

Raffle Prize Donation

- I will donate a prize for the banquet.
- I will bring a prize to the banquet.
- My payment for \$200 is enclosed and payable to AAIA.
- I do not wish to donate a prize for the banquet.

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Industry Association

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HOTEL RESERVATION FORM

Guest Information:

Name _____
Company _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Room: Requests are based on availability.

- Single/double: \$229 + tax
 Manufacturer Conference Suite: \$350 + tax

Total Number of Guests in Room: ____ Adults ____ Children
Hotel Arrival Date: _____ Check-in Time is 3 p.m.
Hotel Departure Date: _____ Check-out Time is 12 p.m.
 Non-smoking room requested

Special Requests: _____

MAIL/FAX FORM & PAYMENT TO:

Omni San Diego Hotel

675 L Street
San Diego, CA 92101

Reservation Fax: 619-645-6517

Deadline for receipt of this registration form is May 15, 2009.

Payment (For Hotel Only):

One night's deposit is required with reservation.

Check Enclosed # _____

(separate check payable to: Omni San Diego Hotel)

Charge to: Visa MasterCard American Express
 Carte Blanche Diners Club Discover

Account # _____

Exp. Date _____

Name on Card _____

Signature _____

NOTE: Rooms are on a first-come, first-served basis.
Reservation confirmation will be e-mailed from the hotel.

*Reservations must be received no later than May 15, 2009 to qualify for the group rate. After that date, reservations will be accepted based on availability at prevailing rates.

*Check-out time is 12 p.m. and rooms may not be available for check-in until 3 p.m.

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