

awda 2009 hotel reservation form

Nov. 1-5, 2009
The Venetian • Las Vegas, Nev.



MUST BE RECEIVED BY JULY 31, 2009

Special discount rates have been negotiated for AWDA Conference attendees at the Venetian. Please read all instructions/information on this form before completing. Fax completed Hotel Reservation Form to AWDA-AAIA Conference Headquarters at 301-654-3299, or e-mail to meghan.winch@aftermarket.org. Please do not mail if faxed already. This will result in a duplication of charges.

ONLY AWDA CONFERENCE REGISTRANTS MAY RESERVE ROOMS WITH THIS FORM.

IF YOU ARE NOT AN AWDA CONFERENCE ATTENDEE, PLEASE VISIT WWW.AAPEXSHOW.COM TO RESERVE A HOTEL ROOM.

SEND CONFIRMATION TO:

Company _____

Company Type WD Manufacturer

Contact _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (____) _____ Fax (____) _____

E-mail _____

Room Type Preference (select one)

Based on availability.

- Single, one king bed = \$204/tax
 Double, two queen beds = \$204/tax

Room Function (select one)

Manufacturers only

- One-on-one only
 Sleeping only
 Sleeping and one-on-one

WDs only

- Sleeping only

Are you the primary contact for the company during the conference? YES NO

CREDIT CARD INFORMATION

One night credit card deposit is required. **IMPORTANT:** The deposit will be charged to your credit card by the hotel upon receipt of reservation request. **To avoid forfeiture of deposit, cancellation must be made at least 14 days prior to the scheduled arrival date.**

Card Type _____ Card # _____ Exp. Date _____

Cardholder's Name _____ Signature _____

I authorize the hotel to only charge my account for the first night's reservation for each room reserved.

ONE FORM REQUIRED FOR EACH ROOM. Reservation will be listed under the primary occupant.

Primary Occupant _____

Number of Room Nights _____ Arrival Date _____ Departure Date _____

Secondary Occupant (if applicable) _____

MANUFACTURER SUITES being used for one-on-one meetings must be reserved starting Saturday, Oct. 31, **NO EXCEPTIONS.**

CHANGES – Any changes or cancellations must be submitted in writing via fax to AWDA-AAIA at 301-654-3299.

SPACE AVAILABILITY – Reservation forms must be received by July 31, 2009. Rooms are assigned on a first-come, first-served basis.

OCCUPANT – Each room request must have primary occupant. Bulk reservations by company or individual name cannot be accepted.

CHECK-IN TIME is 3 p.m. and **CHECK-OUT TIME** is 11 a.m.

RETURN COMPLETED FORM TO:

AWDA-AAIA • 7101 Wisconsin Avenue, Suite 1300 • Bethesda, MD 20814
PH: 301-654-6664 • FAX: 301-654-3299 • E-MAIL: meghan.winch@aftermarket.org



Nov. 1-5, 2009
The Venetian • Las Vegas, Nev.

awda 2009 conference registration form

MUST BE RECEIVED BY JULY 31, 2009

Each person registering must fill out a separate registration form. **If additional copies are needed, reproduce this form.** Please type or print clearly.

CONFERENCE REGISTRATION

First Name _____

Last Name _____

Nickname for Badge _____

Title _____

Company _____

Address _____

City _____

State _____ Zip Code _____

Phone (_____) _____

Fax (_____) _____

E-mail _____

BUSINESS TYPE (Please select one box.)

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

Are you the primary contact for the company during the conference? YES NO

REGISTRATION FEES (Please select one box.)

Registrants must be AWDA/AAIA members.

- WDs/Program Group Delegate Fee \$365
- Manufacturer/Bus. Srv. Company Fee* \$1,100
(includes primary delegate and four one-on-one meetings)
- Add'l Manufacturer/Bus. Srv. Delegate Fee \$450
- Manufacturers' Rep Delegate Fee \$450
- I plan to attend the Sunday, Nov. 1 Executive Briefing events beginning at 3:45 p.m. (included in registration fee)

COMPANY/DELEGATE FEES

\$ _____

SPOUSE/GUEST REGISTRATION

Spouse/guest registration does not include admittance to one-on-one meetings.

First Name _____

Last Name _____

Nickname for Badge _____

Spouse Registration \$100

GRAND TOTAL \$ _____

METHOD OF PAYMENT

(Payment must accompany registration form.)

Check enclosed \$ _____
(payable to Automotive Aftermarket Industry Association)

Please charge my: Visa MasterCard AmEx

Credit Card # _____

Expiration Date _____

Cardholder's Name _____

Signature _____

CANCELLATION/REFUND POLICY

*Refunds for cancellations will be granted, less a processing fee of \$25 per delegate/spouse, provided AWDA-AAIA staff is notified in writing by **Oct. 16, 2009**. Any company that cancels its participation after the one-on-one meeting schedules are mailed will also be assessed a \$150 company cancellation fee. No refunds will be issued on cancellations after **Oct. 16, 2009**.*

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

PLEASE MAIL COMPLETED FORM TO:

AWDA-AAIA Conference
7101 Wisconsin Avenue, Suite 1300
Bethesda, MD 20814

FAX OR E-MAIL COMPLETED FORM TO:

301-654-3299; meghan.winch@aftermarket.org

** Each manufacturer/business service company that participates in one-on-one meetings must pay the company fee of \$1,100. The company fee covers the company registration, primary delegate and the first four scheduled one-on-one meetings. Additional meetings will be charged at a rate of \$100/meeting.*