

# Special Finance Conference - REGISTRATION FORM

Hosted by Auto Dealer Monthly

## Event Selection

\_\_\_\_\_ I will be attending this event      Dallas, TX      August 3 & 4, 2010  
\_\_\_\_\_ I will be attending this event      Washington DC      August 10 & 11, 2010  
\_\_\_\_\_ I will be attending this event      Indianapolis, IN      August 17 & 18, 2010

## REGISTRATION INFORMATION

First Name: \_\_\_\_\_ Middle In: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check all that apply:      Franchise      Independent      Vendor      Finance Company

*Note: In the event of cancellation, written notice must be received two weeks prior to the first day of conference for a refund (\$100.00 refund fee will apply). If notice is received less than two weeks prior to conference, there will be no refund.*

## BADGE INFORMATION (print full name - use nicknames)

Name: \_\_\_\_\_ Dealer \_\_\_\_\_ Manager

Name: \_\_\_\_\_ Dealer \_\_\_\_\_ Manager

Name: \_\_\_\_\_ Dealer \_\_\_\_\_ Manager

Name: \_\_\_\_\_ Dealer \_\_\_\_\_ Manager

## REGISTRATION FEES

	NUMBER	Before July 28	After July 28	TOTAL
Attendees	_____ X	\$595	\$695	\$ _____

## METHOD OF PAYMENT

Enclosed is a check payable to Auto Dealer Monthly

Auto Dealer Monthly is hereby authorized to execute the following credit card for total registration fees:

Type: MC Visa AmEx      Number: \_\_\_\_\_      Sec Code \_\_\_\_\_      Exp. Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## REGISTRATION INFORMATION

- Call 888.300.8844 for information about registration or hotel reservations.
- Mail registration form to: Auto Dealer Monthly – P. O. Box 358 – Evansville, IN 47703
- Fax registration form to Convention at 812.424.9999