



NADA convention & expo 2013

ORLANDO | FEBRUARY 8-11

REGISTRATION & HOUSING FORM

Registration Deadline (via Fax or mail): January 31, 2013

Housing Deadline: January 31, 2013

Cancellation Deadline: Registration—(via Fax or mail): January 31, 2013

Housing—January 31, 2013 by 5 pm CST

Registration cancellations must be in writing in order to receive a refund minus a \$35 processing fee per individual cancellation. To cancel your registration/hotel reservation, please fax or email your written request to 301-694-5124 or nada@experient-inc.com. **If you have any questions please call 800-974-3084 or e-mail nada@experient-inc.com.** Please note we cannot accept registrations over the phone.

NADA MEMBER COMPANY ID NUMBER (NADA MEMBERS ONLY): _____

PREFIX FIRST NAME INITIAL LAST NAME SUFFIX

PREFIX SPOUSE/RELATIVE FIRST NAME INITIAL LAST NAME

BADGE NAME SPOUSE/RELATIVE BADGE NAME

COMPANY NAME

ADDRESS

CITY STATE ZIP COUNTRY

BUSINESS PHONE FAX

CONFIRMATION EMAIL ADDRESS CC EMAIL ADDRESS

Twitter handle: _____. Follow us on @NADAConvention.

☐ **Please check:** I would like to participate in *MyNADAPlanner*. **Unique email address:** _____

MyNADAPlanner is a free online, planning, scheduling and networking tool designed to help attendees and exhibitors make the best use of their time at the NADA Convention & Expo. A unique email address is required.

| | EARLY (by Sep. 14) | ADVANCE (Sep. 15–Jan. 31) | ON-SITE (Feb. 1–Onsite) |
|--|-----------------------|--|----------------------------|
| NADA MEMBERS | | | |
| <input type="checkbox"/> Dealer (DLR) | \$195 | \$220 | \$295 |
| <input type="checkbox"/> Dealership Manager (MGR) | \$195 | \$220 | \$295 |
| NON MEMBER | | | |
| <input type="checkbox"/> Dealer (DLR) | \$375 | \$400 | \$450 |
| <input type="checkbox"/> Dealership Manager (MGR) | \$375 | \$400 | \$450 |
| SPOUSE/RELATIVE (must be accompanied by a registered dealer or manager) | | | |
| <input type="checkbox"/> Spouse/Relative | \$150 | \$175 | \$235 |
| ALLIED INDUSTRY | | | |
| <input type="checkbox"/> Exhibit Only (ALL) | \$375 | \$400 | \$450 |
| <input type="checkbox"/> Workshop (ALLW) | \$425 | \$450 | \$500 |
| NADA WELCOME RECEPTION CO-HOSTED BY J.D. POWER AND ASSOCIATES (availability limited due to room capacity) | | | |
| <input type="checkbox"/> Member/Non-Member Dealer/Manager (limit 1) | \$49 | <input type="checkbox"/> Dealer/Manager Spouse (limit 1) | \$49 |
| <input type="checkbox"/> Allied Industry (limit 1) | \$79 | | |
| WOMEN DEALERS' BREAKFAST (for women dealers/managers) | | | |
| <input type="checkbox"/> Women Dealers' Breakfast | \$65 | \$65 | \$65 |
| TOTAL REGISTRATION FEES: | | | |

HOTEL PREFERENCE — Please select a minimum of three (3) different hotels.

Arrival Date: _____

Departure Date: _____

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

Special Room Requests will be forwarded to the hotel. Special requests are NOT guaranteed. Please reconfirm your special request upon check-in at the hotel.



☐ Please check here if you require special services.

NOTE: 1 night room and tax will be charged by the hotel after January 18, 2013.

| | |
|---|--|
| Room Type: | Special Requests: |
| <input type="checkbox"/> SINGLE (1 person, 1 bed) | <input type="checkbox"/> KING BED |
| <input type="checkbox"/> DOUBLE (2 people, 1 bed) | <input type="checkbox"/> TWO BEDS |
| <input type="checkbox"/> DBL/DBL (2 people, 2 beds) | <input type="checkbox"/> NON-SMOKING |
| <input type="checkbox"/> TRIPLE | <input type="checkbox"/> SMOKING |
| <input type="checkbox"/> QUAD | <input type="checkbox"/> HANDICAP ACCESSIBLE |
| <input type="checkbox"/> 1 BEDROOM SUITE | |
| <input type="checkbox"/> 2 BEDROOM SUITE | |

Web: www.nadaconventionandexpo.org

Phone: 800-974-3084

Fax: 301-694-5124

Mail: NADA Registration and Housing
c/o Experient
P.O. Box 4088
Frederick, MD 21705

Franchises Sold:

- _____
- _____
- _____
- _____

Which of the following BEST describes your job title/function?

- ☐ A. Dealer/Principal
☐ B. General Manager
☐ C. CFO–Controller
☐ D. New Truck Manager
☐ E. Used Truck Manager
☐ F. Service Manager
☐ G. Parts Manager
☐ H. Allied Industry Affiliate

What is your age?

- ☐ A. <24 ☐ B. 25-34
☐ C. 35-44 ☐ D. 45-54
☐ E. 55-64 ☐ F. >65

Which of the following best describes your organization?

- ☐ A. Individual Dealership
☐ B. Chain Dealership
☐ C. Publicly Owned Dealership
☐ D. Auto Industry Affiliate

What role(s) do you play in the purchase of types of products/service exhibited?

- ☐ A. Final Say
☐ B. Specify Supplier
☐ C. Recommend

Approximately how much do you or your company anticipate spending as a result of attending the Expo?

- ☐ <\$5,000
☐ \$5,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to \$100,000
☐ Over \$100,000

Is this your first NADA Convention & Expo?

- ☐ Yes ☐ No

PAYMENT INFORMATION

Forms received without payment will not be processed.

PAY BY CHECK

☐ enclosed for REGISTRATION fees ONLY. Please complete the credit card information below to reserve your hotel. (Make payable to NADA.)

PAY BY CREDIT CARD

- ☐ Amex ☐ MasterCard ☐ Visa

CARD NUMBER

EXPIRATION DATE (Must be AFTER February 2013)

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE