

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.

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	

 Please check here if you require special services.

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 _____