

Registration Deadline (via fax or mail): January 7, 2020

Housing Deadline: January 23, 2020

Cancellation Deadline: Registration: January 3, 2020 | Housing: January 23, 2020 by 5pm CST

Registration cancellations must be received in writing no later than January 3, 2020, to receive a refund (minus a \$50 processing fee per individual registration). To cancel your registration/hotel reservation, email your written request to nada@experient-inc.com. If you have any questions, call 800.465.7110 or email nada@experient-inc.com. We cannot accept registrations or hotel reservations over the phone.

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				
ATTENDEE EMAIL ADDRESS		CC EMAIL ADDRESS		

(NADA does not share email or phone information with outside parties.)

	EARLY (by Sept. 13)	ADVANCE (Sept. 14-Feb. 7)	ON-SITE (Feb. 8-Onsite)
ATD MEMBERS			
<input type="checkbox"/> Dealer (DLR)	\$390	\$415	\$495
<input type="checkbox"/> Dealership Manager (MGR)	\$390	\$415	\$495
NON-MEMBER			
<input type="checkbox"/> Dealer (DLR)	\$570	\$605	\$655
<input type="checkbox"/> Dealership Manager (MGR)	\$570	\$605	\$655
SPOUSE/RELATIVE (must be accompanied by a registered dealer or manager)			
<input type="checkbox"/> Spouse/Relative	\$310	\$365	\$415
ALLIED INDUSTRY			
<input type="checkbox"/> Education (ALLW)	\$625	\$655	\$710
WOMEN DRIVING AUTO RETAIL BRUNCH			
<input type="checkbox"/> Member/Non-member Dealer/Manager (limit 1)	\$75	\$75	\$75
TOTAL REGISTRATION FEES			

Your registration includes access to: ATD Welcome Reception; Saturday General Session/Luncheon; Sunday General Session/Luncheon; Sunday Night Gala; Education, Make Meetings, ATD Expo, entrance to ATD Continental Breakfast, Happy Hours and all NADA activities.

Note: Spouse/Relative do not have access to education or make meetings.

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

Arrival Date _____

Departure Date _____

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

One night room and tax will be charged by the hotel in January, 2020.

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	

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.

Web **show.atd.org**
 Phone 800.465.7110
 Fax 301.694.5124
 Mail ATD Registration and Housing
 c/o Experient
 5202 Presidents Ct.
 Frederick, MD 21703

Franchises Sold

- _____
- _____
- _____
- _____

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

- A. Dealer/Principal
- B. General Manager
- C. CFO, Controller
- D. Internet Manager
- E. New Vehicle Manager
- F. Pre-Owned Vehicle Manager
- G. Fixed Ops Director
- H. Service Manager
- I. Parts Manager
- J. Allied Industry Affiliate

What is your age?*

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

How many rooftops/stores are in your automotive group?

- 1-3
- 4-10
- 11-20
- 21-30
- 30+
- N/A

Which of the following best describes your organization?

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

Is this your first ATD Show?

- Yes No

* Age information will be used only for ATD programs and will not be disclosed to any external person, organization or company, except in aggregate form that does not identify any individual.

PAYMENT INFORMATION

Forms received without payment will not be processed.

PAY BY CHECK (Make payable to NADA.)

enclosed for REGISTRATION fees ONLY. Please complete the credit card information below to reserve your hotel.

PAY BY CREDIT CARD

- American Express MasterCard Visa

CARD NUMBER _____

EXPIRATION DATE (Must be AFTER Jan. 2020) _____

CARDHOLDER'S NAME _____

CARDHOLDER'S SIGNATURE _____