CONVENTION REGISTRATION

22nd Annual Tire Dealers Convention & Trade Show

April 24-25, 2009 • ISU Hulman Center, Terre Haute, Indiana

Please complete entire form and mail or fax to:

IITDA Convention & Trade Show
P.O. Box 80513, 1227 Southbrook Drive
Indianapolis, IN 46240
Fax: 317-253-8446

Instructions:

- Do not mail this form after **April 18, 2009.** After this date, fax or register on-site at hotel.
- Full registration payment must accompany this form, either credit card information or include a check (must be mailed if paying by check.)
- Use one registration form per business address.
- Badges **MUST BE WORN** by all attendees.
- Trade show and seminars are free to all tire dealers and their guests.
- Badges and tickets will be available for pick up at Convention.

Hotel Accommodations:

Register under **IITDA Convention & Trade Show before MARCH 21, 2009** to receive special room rate of $99 plus tax.

Hilton Garden Inn
Phone # 812-234-8900
750 Wabash Avenue, Terre Haute, IN

REGISTRATION AND OPTIONAL TICKETED EVENTS

(Please postmark by April 10, 2009; fax to Ken McCune after that date.)

Friday Breakfast Buffet, 7:00 a.m.—7:45 a.m.:
_____ tickets at $20 each $_____

Saturday Breakfast Buffet, 7:00 a.m.—7:45 a.m.:
_____ tickets at $20 each $_____

Golf Outing: _____ tickets at $60 each . . . . . .
Saturday, April 25, 1:00 p.m.
Hulman Links Golf Course, Terre Haute, Indiana
(includes box lunch; beverages available on course) $_____

Cocktail Reception & Banquet:
_____ tickets at $40 each. . . . . .
Saturday, April 25, 7:00 p.m. *(includes 2 drink tickets)* $_____

Special Package for both breakfasts & banquet:
_____ tickets at $70 each (save $10). . . . . . $_____

Clabber Girl Tour & Culinary Demonstration:
_____ tickets free (registration required) $_____
Saturday, April 25, 12:00 p.m.

TOTAL DUE FOR TICKETS . . . . . . $_____

PAYMENT METHOD

☐ MasterCard ☐ Visa ☐ Check Enclosed

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration (Mo/Yr) ☐☐ / ☐☐

Name on Card_____Signature _____

Billing Address_____City _____ State_____ Zip_____

ATTENDEE INFORMATION (please print)

Business Name_____ **Last Name** _____ **First Name**_____

Guests Attending (please indicate if golfing or attending spouses program):

1._____ 2._____

3._____ 4._____

5._____ 6._____

Mailing Address_____ City_____ State____ Zip _____

Daytime Phone _____ E-mail_____

☐ Check here if you/your guest uses a wheelchair or scooter ☐ Check here if this is your **first** Convention