

# VIADA 52ND ANNUAL CONVENTION & EXPO

July 26 - 29, 2012

## ATTENDEE REGISTRATION FORM

(Exhibitors - please use exhibitor registration form)

### COMPANY INFORMATION

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

Address (Street) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

### REGISTRATION INFORMATION:

Events	Member	NonMember
Full Registration (entry to all events)	\$225 each/\$105 per Child	\$325 each
Badge Name(s): _____		
Badge Name(s): Child _____, Child _____		
Welcome Reception Only	\$75 each	\$85 each
Badge Name(s): _____		
Badge Name(s): Child _____, Child _____		
Friday Only (entry to all events on Friday, July 27th)	\$175 each	\$200 each
Badge Name(s): _____		
Badge Name(s): Child _____, Child _____		
Grand Banquet (entry to banquet only - Saturday, July 28th)	\$90 each	\$110 each
Badge Name(s): _____		
Badge Name(s): Child _____, Child _____		
Golf Tournament	\$90 each	
Attendee(s): _____	Average Score: _____	



## THE HOMESTEAD RESORT

1766 Homestead Drive  
Hot Springs, VA 24445

### GROUP RATE:

\$145 plus 15% Resort Fee, taxes & fees per room, per night

### RESERVATIONS:

(866) 354-4653

Group: VIADA / Cut Off For Group Rate: June 25, 2012

First Time Attendee  Yes  No  
 \_\_\_\_ # Years a Member of VIADA  
**Registrations received in State Office before June 25th, will be entered into a special drawing for ONE NIGHT FREE HOTEL STAY!**  
**10% Discount for 3rd and each additional company registration**

**Office Use Only**

Billed/Payment

Confirmation Mailed

Badge

### PAYMENT INFORMATION

TOTAL \$ AMOUNT \_\_\_\_\_

Check Enclosed (Please make payable to VIADA)    VISA: \_\_\_\_ MasterCard: \_\_\_\_ Discover: \_\_\_\_

Credit Card #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Expires: \_\_\_\_ V-Code (3 digits on back): \_\_\_\_

Credit Card Billing Street #: \_\_\_\_    Credit Card Billing Zip Code: \_\_\_\_

**In the event of cancellation, a \$25.00 administrative fee per person will be charged on cancellations after July 20th. All requests must be in writing**

**Mail to:**

4700 Thoroughgood Square  
Virginia Beach, VA 23455  
Phone: 800.394.1960  
Fax: 757.460.1346  
[www.viada.org/convention.php](http://www.viada.org/convention.php)

Your convention name badge will indicate your participation in different areas of Virginia Independent Automobile Dealers Association. To ensure accuracy of your accomplishments please "☑" each category that applies to you and your spouse/guest.

Member	Spouse/Guest	VIADA Board of Directors	Member	Spouse/Guest	Eagle Award	Member	Spouse/Guest	Ladies Auxiliary Officer (Specify) _____
<input type="checkbox"/>	<input type="checkbox"/>	VIADA Past President	<input type="checkbox"/>	<input type="checkbox"/>	INDEPAC Contributor	<input type="checkbox"/>	<input type="checkbox"/>	Ladies Auxiliary Member
<input type="checkbox"/>	<input type="checkbox"/>	Honorary Life Director	<input type="checkbox"/>	<input type="checkbox"/>	Member	<input type="checkbox"/>	<input type="checkbox"/>	Ladies Auxiliary Board Member
<input type="checkbox"/>	<input type="checkbox"/>	State Officer	<input type="checkbox"/>	<input type="checkbox"/>	Guest	<input type="checkbox"/>	<input type="checkbox"/>	Quality Lady
		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	Exhibitor	<input type="checkbox"/>	<input type="checkbox"/>	Committee Chairperson
<input type="checkbox"/>	<input type="checkbox"/>	District President	<input type="checkbox"/>	<input type="checkbox"/>	Sponsor	<input type="checkbox"/>	<input type="checkbox"/>	Certified Master Dealer
<input type="checkbox"/>	<input type="checkbox"/>	Quality Dealer	<input type="checkbox"/>	<input type="checkbox"/>	Speaker			
		National/State/District (circle one)						