CIADA 52nd ANNUAL CONVENTION AND EXPO

Marriott Resort at Grande Dunes, Myrtle Beach, South Carolina, August 2-5, 2007

1 Registration Information

Please print or type all information

First Name | Middle Initial | Nickname | Last Name

Company Name

Mailing Address

City | State | Zip Code

Physical Address (if different from above)

City | State | Zip Code

Telephone | Fax

E-Mail | Website

In the event of cancellation, notice must be given by June 30th for a full registration refund minus a $25.00 cancellation fee. **No refund** will be given for cancellations postmarked after July 15, 2007.

2 Badge Credentials

Please "x" all the categories that apply to you.

- ❑ Convention Sponsor
- ❑ CIADA Member
- ❑ Eagle Award
- ❑ Exhibitor
- ❑ First Timer
- ❑ Hall of Fame
- ❑ State Past President
- ❑ State Quality Dealer
- ❑ Wheel Club
- ❑ Committee Chair (this year)
- ❑ Committee Member (this year)
- ❑ CIADA Executive Committee (this year)
- ❑ Regional Vice President (this year)
- ❑ NIADA Past President
- ❑ NIADA Executive Committee (this year)
- ❑ National Quality Dealer
- ❑ Auxiliary Officer (this year)
- ❑ Auxiliary Member (this year)
- ❑ Certified Master Dealer
- ❑ Business Partner

3 Dealer Education Seminars (FREE with PAID Convention Registration Fee. PRE-REGISTRATION IS REQUIRED - SEE BELOW)

Dealer No. _____

4 Registration Fees (Please print or type all information)

	Attending Dealer Education Seminars "FREE"		Name (s)	Postmarked by 06/15/07	Postmarked between 06/16/07-07/27/07	After 07/27/07 "On-Site"	TOTAL
Member	❑YES	❑NO	_____	X $175	$200	$325	$_____
Spouse/Guest	❑YES	❑NO	_____	X $175	$200	$325	$_____
Child 13 and over	❑YES	❑NO	_____	X $175	$200	$325	$_____
Children 3 - 12	❑YES	❑NO	_____	X $ 50	$ 60	$ 70	$_____
Non-Member	❑YES	❑NO	_____	X $275	$300	$425	$_____
EXPO ONLY Child 13 and over			_____	X $ 65	$ 70	$ 75	$_____
EXPO ONLY Children 3-12			_____	X $ 25	$ 25	$ 25	$_____
GOLF: Golf Hdcp_____			_____	X $ 95	$ 95	$105	$_____
Golf Hdcp_____			_____	X $ 95	$ 95	$105	$_____

Golf is non-refundable and must be prepaid.

TOTAL REGISTRATION FEES $_____

5 Method of Payment (Payment must be sent in with Registration)

(Amount to be paid is for total registration fees including golf)

❑ Enclosed is a check made payable to CIADA

❑ Charge to the following card: ❑Mastercard ❑VISA

PLEASE NOTE: **WE ONLY ACCEPT MSCD AND VISA**

Cardholder's Name (print)

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Card Number | Exp Date

Signature

6 Hotel Reservations

Please call the Marriott Resort at 1-843-449-8880 for hotel reservations. *Be sure to say you're with CIADA.* The hotel will extend special rates of $145.00 for single/double occupancy rooms through *July 2, 2007 or until the room block is filled, whichever comes first. DON'T DELAY.....CALL TODAY!!!!!*

7 Registration Completion

Please complete form and fax or mail to:

CIADA
P.O. Box 1088
Harrisburg, NC 28075
Fax: 800-992-4232