

# CIADA 54th ANNUAL CONVENTION AND EXPO

## GOLF REGISTRATION FORM - Saturday, August 8, 2009

### COMPANY INFORMATION (Please print or type all information)

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

### REGISTRATION INFORMATION

Name (s)	Early Rate on or before 7/7/09	Regular / Onsite Rate 7/8/09 or later	TOTAL
Golf Hdcp _____	X \$115	\$125	\$ _____
Golf Hdcp _____	X \$115	\$125	\$ _____
Golf Hdcp _____	X \$115	\$125	\$ _____
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TOTAL AMOUNT DUE			\$ _____

Golf is non-refundable and must be prepaid.

### PAYMENT INFORMATION: FULL PAYMENT MUST ACCOMPANY REGISTRATION FORMS

TOTAL \$ AMOUNT   Check Enclosed (Please make payable to CIADA)  VISA  Mastercard

Credit Card #     Expires \_\_\_\_\_ V-Code \_\_\_\_\_

Credit Card Billing Street # \_\_\_\_\_ Credit Card Billing Zip Code \_\_\_\_\_ Name on card \_\_\_\_\_

Email (for receipt) \_\_\_\_\_ Signature \_\_\_\_\_

### MAIL OR FAX THIS FORM TO:

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



APP CODE	LAST 4
AMOUNT	DATE
FOR ADMIN USE ONLY	