

DEALER Convention Registration Form

ALABAMA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION

51st Annual Convention – July 16th – JULY 19th, 2020 PERDIDO BEACH RESORT, ORANGE BEACH, AL

Dealership or Business Name _____ Contact Person _____

Address: _____ E-Mail Address _____

City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____

Participant Information:

Member Name (as it will appear on badge) _____

Name of Spouse/Guest (as it will appear on badge) _____

Names of Children attending 1. _____ Age _____ 2. _____ Age _____

*****(Please fill in age)**

3. _____ Age _____ 4. _____ Age _____

*** *Please give us a count on how many in your party are attending each meal. This will help us with the meal count for the hotel.*

		13 yrs & up	6 yrs to 12 years
MEALS:	<i>Fri Breakfast</i>	Adults _____ Children _____	Children _____
	<i>Fri Lunch</i>	Adults _____ Children _____	Children _____
	<i>Fri Dinner</i>	Adults _____ Children _____	Children _____
	<i>Sat. Breakfast</i>	Adults _____ Children _____	Children _____
	<i>Sat. Banquet</i>	Adults _____ Children _____	Children _____

**DEADLINE FOR
REGISTRATION IS
JULY 10TH, 2020**

Registration Fees: _____ (0 to 5 yrs are free)

Member **\$349.00 IF YOU REGISTER BY JUNE 1, \$399.00 AFTER JUNE 1** \$ _____

Member's Spouse or Guest **\$149.00 IF YOU REGISTER BY JUNE 1, \$189.00 AFTER JUNE 1** \$ _____

Each Employee of Business **\$349.00 IF YOU REGISTER BY JUNE 1, \$399.00 AFTER JUNE 1** \$ _____

Each Employee's Spouse or Guest **\$149.00 IF YOU REGISTER BY JUNE 1, \$189.00 AFTER JUNE 1** \$ _____

Ages 13 yrs to 16 yrs----- \$110.00 = \$ _____

Ages 6 yrs to 12 yrs ----- \$99.00 = \$ _____

Children 0 to 5 yrs. FREE (# of children coming 0-5 years old) _____

TOTAL REGISTRATION PAYMENT = \$ _____

(Please make check payable to: A.I.A.D.A. Payment must accompany Registration form)

(please check) CREDIT CARD TYPE: Visa _____, Mastercard _____, Discover _____ Amex _____

Card # _____ Expiration _____ CVV# _____ (3 numbers on back of card)
or (4 numbers on front of AMEX)

BILLING ADDRESS FOR CARD (if different from above) _____

NAME ON CARD _____ SIGNATURE CARD HOLDER _____

**>>>Please return registration form to: A.I.A.D.A., P.O. BOX 19627, BIRMINGHAM, AL 35219
OR FAX to 205-942-3565 or you can EMAIL TO judypbenton@gmail.com**

- **TO MAKE RESERVATIONS FOR HOTEL CALL 1-800-634-8001 GROUP ID# 15374**
- **RESERVATION DEADLINE IS JUNE 15TH, 2019**
- **EARLYBIRD DEADLINE FOR DEALERS JUNE 1ST TO MAKE YOU ELIGIBLE FOR A DRAWING AT THE CONVENTION**