Aftermarket Distribution SUMMIT

PRESENTED BY:
CVSN
TRUCK PARTS & SERVICE
HDX

September 12 – 16, 2009
Amelia Island Plantation
Amelia Island, Florida

DISTRIBUTOR REGISTRATION FORM

Complete and return by mail by August 21st, 2009 to CVSN, 3943-2 Baymeadows Road ● Jacksonville, FL 32217 or Fax to: (904) 636-9881

COMPANY INFORMATION (Please print or type)

Company Name: _____ Submitted by: _____ E-Mail: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Conference registration includes the following:

- Networking Receptions Saturday, September 12, Sunday, September 13, Monday, September 14 & Tuesday, September 15
- Two full dinners on Sunday, September 13 & Tuesday, September 15
- Lunch & golf on Sunday, September, 13
- Lunch & fishing on Sunday, September 13
- Lunch on Monday, September 14 & Tuesday, September 15
- Full Breakfast on Monday, September 14
- Continental Breakfasts on Tuesday, September 15 & Wednesday, September 16
- Welcome Gift in each room
- Ladies Gift at Tuesday night closing dinner for Ladies in attendance
- Spouses Program on Monday, September 14 & Hospitality Suite on Tuesday, September 15 & Wednesday, September 16
- HDX group dinner on Monday, September 14 for those participating only in the Technology Sessions

Please register the following:

NAME(S): List names as they should appear on badges Please put check mark (✓) under events participating in or attending	Badge Nickname	Job Title	Sunday "Tenneco Challenge" Golf Tournament (Proper golf attire & soft spikes required) HDCP	 Rentals RH/LH	Sunday Fishing Dress: Casual & Comfortable	Sunday Welcome Reception & Dinner Dress: resort casual	Monday Opening Breakfast, Awards & Guest Speaker Dress: Ladies: Dressy Men: Coat & Tie	Monday Spouses Program Dress: Casual & Comfortable	Tuesday Closing Night Reception, Dinner, Awards & Dance. Dress: Ladies: Dressy Men: Coat & Tie
1/									
2/									
3/									
4/									
HDX Meeting Signup							Monday Tech Sessions/Dinner		Tuesday Tech Sessions
1/									
2/									

PAYMENT INFORMATION: (Please make all checks payable to CVSN in U.S. funds only) **Check No.** _____ **CREDIT CARD (circle one): VISA MasterCard AMEX**

Account Number _____ **Exp Date:** _____

Name on Card _____

Authorized Signature _____

(By signing above, you are authorizing CVSN to charge any and all registration fees on the credit card listed above)

Personal Registration Fee (s) – Number of Attendees _____ X $500.00 each $_____

Spouse Attendance Fee (s) – Number of Spouses _____ X $200.00 each $_____

Total Meeting Fees $_____

CANCELLATION/REFUND POLICY: *Personal Registration Fees*

…….Full refund until August 31, 2009

…….Sorry, NO REFUNDS on cancellations after September 1, 2009