



PRESENTED BY:
CVSN
TRUCK PARTS & SERVICE
HDX

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

SUPPLIER/MANUFACTURER 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 Track

Please register the following:

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

2009 ASSOCIATE MEMBERSHIP FEE. PAID BY ALL ATTENDING SUPPLIER COMPANIES (Includes one personal fee of \$500.00 for the Summit). <i>(If you have already paid this fee ignore the \$1,700 amount)</i>	\$ 1,700.00
Additional 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