

**Registration Deadline (via fax or mail): January 18, 2019**

**Housing Deadline: January 9, 2019**

**Cancellation Deadline: Registration: December 14, 2018 | Housing: January 9, 2019 by 5pm CST**

Registration cancellations must be received in writing no later than December 14, 2018, to receive a refund (minus a \$35 processing fee per individual registration). To cancel your registration/hotel reservation, email your written request to [nada@experient-inc.com](mailto:nada@experient-inc.com). If you have any questions, call 800.465.7110 or email [nada@experient-inc.com](mailto:nada@experient-inc.com). We cannot accept registrations or hotel reservations over the phone.

PREFIX	FIRST NAME	INITIAL	LAST NAME	SUFFIX
PREFIX	SPOUSE/RELATIVE FIRST NAME	INITIAL	LAST NAME	
BADGE NAME	SPOUSE/RELATIVE BADGE NAME			
COMPANY NAME				
ADDRESS				
CITY	STATE	ZIP	COUNTRY	
BUSINESS PHONE				
ATTENDEE EMAIL ADDRESS			CC EMAIL ADDRESS	

(NADA does not share email or phone information with outside parties.)

	EARLY (by Sept. 14)	ADVANCE (Sept. 15–Jan. 18)	ON-SITE (Jan. 19–Onsite)
<b>NADA MEMBERS</b>			
<input type="checkbox"/> Dealer (DLR)	\$375	\$400	\$475
<input type="checkbox"/> Dealership Manager (MGR)	\$375	\$400	\$475
<b>NON-MEMBER</b>			
<input type="checkbox"/> Dealer (DLR)	\$550	\$580	\$630
<input type="checkbox"/> Dealership Manager (MGR)	\$550	\$580	\$630
<b>SPOUSE/RELATIVE (must be accompanied by a registered dealer or manager)</b>			
<input type="checkbox"/> Spouse/Relative	\$300	\$350	\$400
<b>ALLIED INDUSTRY</b>			
<input type="checkbox"/> Exhibit Only (ALL)	\$530	\$550	\$600
<input type="checkbox"/> Education (ALLW)	\$600	\$630	\$680
<b>INTERNATIONAL</b>			
<input type="checkbox"/> International Affiliate (INTL)	\$375	\$400	\$475
<input type="checkbox"/> International Non-Affiliate (INTL)	\$550	\$580	\$630
<b>NADA WELCOME RECEPTION (co-sponsored by JD Power)</b>			
<input type="checkbox"/> Member/Non-member Dealer/Manager/Intl Affiliate (limit 1)	\$75	\$75	\$75
<input type="checkbox"/> Dealer/Manager Spouse (limit 1)	\$75	\$75	\$75
<input type="checkbox"/> Allied Industry	\$100	\$100	\$100
<b>WOMEN DEALERS' LUNCHEON</b>			
<input type="checkbox"/> Member/Non-member Dealer/Manager (limit 1)	\$50	\$50	\$50
<b>TOTAL REGISTRATION FEES</b>			

**HOTEL PREFERENCE** — Please select a minimum of three (3) different hotels.

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

4th Choice \_\_\_\_\_

**One night room and tax will be charged by the hotel in January, 2019.**

Room Type	Special Requests
<input type="checkbox"/> SINGLE (1 person, 1 bed)	<input type="checkbox"/> KING BED
<input type="checkbox"/> DOUBLE (2 people, 1 bed)	<input type="checkbox"/> TWO BEDS
<input type="checkbox"/> DBL/DBL (2 people, 2 beds)	<input type="checkbox"/> NON-SMOKING
<input type="checkbox"/> TRIPLE	<input type="checkbox"/> SMOKING
<input type="checkbox"/> QUAD	<input type="checkbox"/> HANDICAP ACCESSIBLE
<input type="checkbox"/> 1 BEDROOM SUITE	
<input type="checkbox"/> 2 BEDROOM SUITE	

Special Room Requests will be forwarded to the hotel. Special requests are **not** guaranteed. Please reconfirm your special request upon check-in at the hotel.



Please check here if you require special services.

Web [show.nada.org](http://show.nada.org)  
 Phone 800.465.7110  
 Fax 301.694.5124  
 Mail NADA Registration and Housing  
 c/o Experient  
 5202 Presidents Ct.  
 Frederick, MD 21703

**Franchises Sold**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Which of the following BEST describes your job title/function?**

- A. Dealer/Principal
- B. General Manager
- C. CFO, Controller
- D. Internet Manager
- E. New Vehicle Manager
- F. Pre-Owned Vehicle Manager
- G. Fixed Ops Director
- H. Service Manager
- I. Parts Manager
- J. Allied Industry Affiliate

**What is your age?\***

- A. <24
- B. 25-34
- C. 35-44
- D. 45-54
- E. 55-64
- F. >65

**How many rooftops/stores are in your automotive group?**

- 1-3
- 4-10
- 11-20
- 21-30
- 30+
- N/A

**Which of the following best describes your organization?**

- A. Individual Dealership
- B. Chain Dealership
- C. Publicly Owned Dealership
- D. Auto Industry Affiliate

**Is this your first NADA Show?**

- Yes
- No

\* Age information will be used only for NADA programs and will not be disclosed to any external person, organization or company, except in aggregate form that does not identify any individual.

**PAYMENT INFORMATION**

Forms received without payment will not be processed.

PAY BY CHECK (Make payable to NADA.)

enclosed for REGISTRATION fees ONLY. Please complete the credit card information below to reserve your hotel.

PAY BY CREDIT CARD

- American Express
- MasterCard
- Visa

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE (Must be AFTER Jan. 2019) \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_