

# 2008 AADA DAY SEMINAR REGISTRATION

THURSDAY 28 AUGUST ONLY

## DEALERSHIP / COMPANY DETAILS

DEALERSHIP / COMPANY NAME

ADDRESS

SUBURB

STATE/PROV

POSTCODE/ZIP

COUNTRY

MAJOR FRANCHISE (if applicable)

## PRIMARY DEALERSHIP CONTACT

MR  MRS  MISS  MS

SURNAME

GIVEN NAME

PHONE - BUSINESS

FAX

MOBILE

E-MAIL

## PAYMENT AUTHORITY

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT

NUMBER OF SEMINAR DELEGATES

DELEGATES X \$345 (INC GST)  
INCLUDING LUNCH  
= TOTAL PAYABLE

CARD NUMBER

PLEASE DEBIT MY:

VISA  MASTERCARD

EXPIRY DATE

AMERICAN EXPRESS  DINERS CLUB

CARD HOLDER NAME (please print)

SIGNATURE

## DELEGATE ATTENDEE REGISTRATIONS

Registration for morning session is at 8am  
Registration for afternoon session is at 12pm  
Lunch will be served at 12.30pm for both sessions

PLEASE INDICATE MORNING OR AFTERNOON SESSION

		SESSION
1	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
2	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
3	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
4	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
5	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
6	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
7	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
8	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
9	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		
10	<input type="text"/>	<input type="checkbox"/> 9.00am
	SURNAME	<input type="checkbox"/> 12.30pm
GIVEN NAME		

Please tick this box if you DO NOT give your permission to the AADA to share your registration information with its allied partners and sponsors

PLEASE RETURN VIA FAX ON (03) 6234 3688

OR ALTERNATIVELY ENCLOSE CHEQUE OR MONEY ORDER AND SEND TO: EVELINE CLARKE  
AADA NATIONAL DEALER CONVENTION,  
P.O. BOX 3192 WEST HOBART TAS 7000 - PH: (03) 6234 3677