



ATCA Annual Awards Luncheon Registration
MarriottMarquis, Independence Ballroom – Tuesday, October 22, 2019



Table Reservation Form:

Name: (please print): _____

Company: _____

Address: _____

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

E-mail: _____ Phone: _____ Fax: _____

Reserve a Table: There is a **\$275 charge** should you wish to reserve a table with your affiliation posted on the table. Tables cannot be assigned until this form is completed and payments submitted. All full conference attendee registrations include attendance at the Awards Luncheon Banquet. Hall Visitor and Exhibitor registrations **do not** include attendance at the Awards Luncheon. Luncheon Tickets are **\$100 for non-conference** individuals.

EVENT	COST	NUMBER	TOTAL
ATCA Awards Luncheon - Table October 22, 2019	\$275		
ATCA Awards Luncheon - Individual October 22, 2019	\$100		

RESERVED SIGNED TABLE FEE - \$275 YES NO

Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100
Name: _____	Full Reg or	\$100

Does anyone listed above need any accommodation in order to fully participate in the dinner? (special meals or other arrangements.)
 If Yes,
 please specify:

Please complete the attached Credit Card Authorization Form and Fax or Email to Mindy at Mindy.soranno@atca.org



Credit Card Authorization Form

Upon ATCA's receipt of this Credit Card Authorization Form, your card will be charged the specified amount.

Payment Options: AMEX MASTERCARD VISA

Name of Organization: _____

PRINT Name as it appears on card: _____

Credit Card #: _____

Expiration Date: Month _____ Year _____

CVV Security Code: _____

Billing Address of card: _____

City: _____ State: _____ Postal Code _____

Country: _____ Telephone #: _____

Email address (payment receipt will be sent to this address):

Subtotal: \$ _____ 2.5% Credit Card Processing Fee: \$ _____

TOTAL Amount to be charged: \$ _____

Purpose of charge: _____

Authorized Signature: _____
