



ATCA Glen A. Gilbert Memorial Awards Reception & Banquet Registration
64th ATCA Annual Conference and Exposition
Walter E. Washington Convention Center
Tuesday October 22, 2019

BENEFACTOR Sponsor Table Reservation Form:

Main Contact: (please print): _____

Company: _____

Address: _____

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

E-mail: _____ Phone: _____

Phone where we can contact you on-site if needed: _____

- As a Benefactor you receive the following: One (1) reserved table for 10 which includes five (5) non-conference attendees complimentary banquet tickets. If you require more than 5 tickets for non-registered guests, they are **\$299** per ticket in advance (please use the form below) and **\$345** on site. Please return this form to ATCA **by October 10, 2019.**

Name: _____	Full Reg* or Additional Ticket Purchase @ \$299 ____	@ \$345 ____
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Name: _____	Full Reg* or Additional Ticket Purchase @ \$299 ____	@ \$345 ____
Name: _____	Full Reg* or Additional Ticket Purchase @ \$299 ____	@ \$345 ____
Name: _____	Full Reg* or Additional Ticket Purchase @ \$299 ____	@ \$345 ____
Name: _____	Complimentary	
Name: _____	Complimentary	
Name: _____	Complimentary	
Name: _____	Complimentary	
Name: _____	Complimentary	

Number of Additional Tickets: ____ **Total \$** _____

*Full conference attendee registrations include dinner ticket.

Does anyone listed above need any accommodation in order to fully participate in the dinner? (special meals or other arrangements.)

If Yes, please

specify: _____

METHOD OF PAYMENT

<input type="checkbox"/> Check enclosed <input type="checkbox"/> Please Invoice	Credit Card: <input type="checkbox"/> VISA/MC <input type="checkbox"/> AMEX (If paying by credit card, you must complete the attached Credit Card Authorization Form. A 2.5% credit card processing fee will be applied)
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Email this form 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: _____