



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

**GRAND 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 Grand 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 @ \$299 \_\_\_\_ @ \$345 \_\_\_\_

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Name: \_\_\_\_\_ Complimentary

Name: \_\_\_\_\_ Complimentary

Name: \_\_\_\_\_ Complimentary

Name: \_\_\_\_\_ Complimentary

Name: \_\_\_\_\_ Complimentary

**Number of Additional Tickets to be purchased:** \_\_\_\_ **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**

- Check enclosed
- Please invoice

Credit Card:  VISA/MC  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)

**Email this form to Mindy at [mindy.soranno@atca.org](mailto:mindy.soranno@atca.org)**

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# 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: \_\_\_\_\_