



**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**

**SUPPORTER 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 Supporter you receive the following: One (1) reserved table for 10 which includes two (2) non-conference attendee complimentary banquet tickets. If you require additional tickets for non-conference participants or 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: \_\_\_\_\_ Complimentary

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**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: \_\_\_\_\_

<b>METHOD OF PAYMENT</b>	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)
<input type="checkbox"/> Check enclosed <input type="checkbox"/> Please invoice	

**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: \_\_\_\_\_

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