



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

Main Contact: (please print): _____

Company: _____

Address: _____

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

E-mail: _____ Phone: _____ OnSite #: _____

Reserve a Table: \$285 fee to reserve a table with your company affiliation posted on the table. Tables cannot be assigned until this form is completed and payments received. Tables seat 10 guests. **Banquet Tickets:** All Full Conference Attendee Registrations include attendance at the Gilbert Banquet. Banquet tickets are **\$299 in advance; \$345 on site.** **Please complete the below information to reserve your table and indicate who will be at your table. ATCA reserves the right to seat anyone at your table should there be an empty seat. Questions? please contact Mindy at mindy.soranno@atca.org Please return form to ATCA by October 10, 2019.**

Reserved Signed Table Fee - \$285			
Yes	No		
Name: _____	Full Reg*	or Ticket Purchase @\$299	or @\$345
Name: _____	Full Reg*	or Ticket Purchase @\$299	or @\$345
Name: _____	Full Reg*	or Ticket Purchase @ \$299	or @\$345
Name: _____	Full Reg*	or Ticket Purchase @\$299	or @\$345
Name: _____	Full Reg*	or Ticket Purchase @\$299	or @\$345
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Name: _____	Full Reg*	or Ticket Purchase @\$299	or @\$345
Name: _____	Full Reg*	or Ticket Purchase @\$299	or @\$345
		Total Additional Tickets ____ x \$299 = \$ ____	
		Total Additional Tickets ____ x \$345 = \$ ____	
		Reserved Table Fee	
		TOTAL DUE ____ x \$285 = \$ ____	
			\$ ____

*Full conference attendee registrations include dinner ticket.

Do you need any accommodation in order to fully participate in the dinner? (Including special meals or other arrangements.)
 If Yes, please specify: _____

<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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Complete the Attached Credit Card Authorization Form and Fax or EMAIL to Mindy Soranno
Fax (703) 299-2437 ATTN: Mindy Soranno; email 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: _____