

2009 ONE MIDAS CONVENTION

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REGISTRATION FORM
November 16—20, 2009
Manchester Grand Hyatt—San Diego, CA**



REGISTRATION FORM

Please make copies for each additional attendee.

First-time attendee? Yes No

First Name/Last Name _____

Nickname for Badge _____

Company _____

Address _____

City/State/Zip Code _____

Please mark one (Use separate form for each attendee):

- Owner
- Manager
- Spouse/Guest
- Child over 16 (must pay the full registration fee)
- Child under 16

Please list name(s) of child/children under 16-years old

GENERAL INFORMATION

Will you be attending the Annual Awards Banquet?

Yes No

Do you have any special or dietary needs?

Yes No

If yes, please explain:

DISCUSSION ROUND TABLES

Please indicate which of the round table discussions you wish to participate:

	Wed., Nov. 18	Thurs., Nov. 19
Local Advertising	<input type="checkbox"/>	<input type="checkbox"/>
Parts Pricing Matrix	<input type="checkbox"/>	<input type="checkbox"/>
Fleet	<input type="checkbox"/>	<input type="checkbox"/>
Pay Plans	<input type="checkbox"/>	<input type="checkbox"/>
Customer Retention	<input type="checkbox"/>	<input type="checkbox"/>
Staffing Models	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>
Hiring the Right People	<input type="checkbox"/>	<input type="checkbox"/>
Increasing Car Count	<input type="checkbox"/>	<input type="checkbox"/>
Key Performance Indicators (KPIs)	<input type="checkbox"/>	<input type="checkbox"/>
Staff: Motivation, Incentives & Recruitment	<input type="checkbox"/>	<input type="checkbox"/>
CAPSS	<input type="checkbox"/>	<input type="checkbox"/>
Other Suggestions: _____		

REGISTRATION FEES

_____ **\$150.00**
(All attendees over 16-years old)
_____ **\$95.00** Spouse Tour
_____ **Total**

METHOD OF PAYMENT

Check made payable to IMDA in the amount of \$_____.00 (from total above)
(*ALL CHECKS MUST BE PAYABLE IN U.S. FUNDS)

Please charge my:

- Visa
- MasterCard
- American Express

Amount: \$_____.00 (from above)

Account/Card Number _____

Expiration Date _____

Cardholder Name _____

X _____
Signature

Please send payment along with completed form to:

IMDA
400 Admiral Boulevard
Kansas City, MO 64106
Phone: 877-543-6203
Fax: 816-472-7765
www.imdaonline.org

