



# 2010 REGISTRATION FORM



**BY MAIL:**  
 VSCAC Conference  
 c/o CRI  
 2020 E. Randol Mill Rd., Ste. 307  
 Arlington, TX 76011



**BY INTERNET:**  
 www.vscac.com



**BY FAX:**  
 817-277-7616



**BY PHONE:**  
 817-635-0302



**QUESTIONS:**  
 800-576-8788

**Paris Las Vegas • September 14-15, 2010**

## CONTACT INFORMATION

First Name:		Last Name:	
Title:			
Company:			
Address:			
City:	State:	Zip:	Country:
Phone:		Fax:	
Email:			
Customer Number: Your customer number can be found on your mailer in the box near the address label. If you do not have a mailer, please leave this field blank.			

## COMPANY INFORMATION

### 1. Check the category that best describes company's primary business.

- |  |  |
|--|--|
| <input type="checkbox"/> Product Administrator       | <input type="checkbox"/> Software / Technology |
| <input type="checkbox"/> Product Provider            | <input type="checkbox"/> Spouse                |
| <input type="checkbox"/> Actuary                     | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Inspection / Parts Provider |  |

### 2. What best describes your title?

- |  |   |
|--|---|
| <input type="checkbox"/> CEO / President / Owner                           | <input type="checkbox"/> Corporate Representative   |
| <input type="checkbox"/> Senior Vice President / Vice President / Director | <input type="checkbox"/> Independent Representative |
| <input type="checkbox"/> National Sales Manager / Regional Sales Manager   | <input type="checkbox"/> Other                      |

### 3. What prompted you to register today?

- |                                 |                                      |                                     |                                |
|---------------------------------|--------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Email  | <input type="checkbox"/> Referred by | <input type="checkbox"/> Web Search | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mailer | Colleague                            | <input type="checkbox"/> Phone Call |                                |

## CONFERENCE FEES

**Conference and Industry Passes Include:** All VSCAC conference workshops, access to the exhibit hall, meals, receptions, and the F&I Conference opening night reception on Tuesday.

	EARLY BIRD (on or before Aug. 27, 2010)	REGULAR (after Aug. 27, 2010)
<input type="checkbox"/> Conference Pass	\$595	\$695
<input type="checkbox"/> Spouse Pass (Meal Functions Only)	\$250	\$350

\*Group rates are available. Please call (800) 576-8788 for more information.

## FORM OF PAYMENT

PROMO CODE

## TOTAL DUE:

\$

**PAYING BY CREDIT CARD** — Complete and submit the following information

**Credit card type:**  American Express  Discover  MasterCard  Visa

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

I authorize Bobit Business Media to charge my account in the amount indicated for registration fees for the VSCAC Conference.

**Note:** Your credit card will be billed by Bobit Business Media

**PAYING BY CHECK** — Print and mail this form along with your check to:

**VSCAC Conference 2010**  
 c/o CRI  
 2020 Randol Mill Rd., Ste. 307  
 Arlington, TX 76011

Check must be RECEIVED on or before August 27, 2010 for the Early-Bird rate.