



2016 Annual conference Dealer Registration Form

Complete and email to randy.braucher@att.net

Name: _____ Position: _____

Company name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: (_____) _____ Fax #: (_____) _____

Email Address: _____

PLANNED MEETING ATTENDANCE

Please complete the following to assist in how many will be attending by event

YES NO

BUSINESS MEETING / September 20th 3pm to 5pm

COCTAIL RECEPTION / September 20th 5pm to 7pm

BREAKFAST / September 21st 8am to 9am

COCTAIL RECEPTION / September 20th 5pm to 7pm

Total People

ROOM RESERVATION

NATIONWIDE SOUTHWEST WILL PROVIDE ONE ROOM PER DEALER

Preferred room type >>>>> King Two queens

Smoking >>>>> Yes No

Number of adults in room _____

For additional rooms > Call 1-800-760-6700 or go to www.hardrockcasino.com

Use Group code **ORDASEPT2016** – Cost are \$115

Name tag Information

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____