

DEALER REGISTRATION FORM

1. Registration Information. Please copy this form if adding registrants.

Company Name _____
 Phone _____ Fax _____
 Address _____
 City _____ State/Prov _____ Zip/PC _____
 Email _____



2. Member Registration Fees:

First registrant locks in today's lowest rate for all future dealership personnel!

	Advanced Through 8/31	Amount
First Registrant - includes Vendor Training +Plus, a \$229 value! Registrant Name _____ Email _____ Badge First Name _____ Please check here if you require special accommodations. <input type="checkbox"/>	\$709	\$
Second Registrant - includes Vendor Training +Plus, a \$229 value! Registrant Name _____ Email _____ Badge First Name _____ Please check here if you require special accommodations. <input type="checkbox"/>	\$689	\$
Third Registrant - includes Vendor Training +Plus, a \$229 value! Registrant Name _____ Email _____ Badge First Name _____ Please check here if you require special accommodations. <input type="checkbox"/>	\$689	\$
Fourth Registrant - includes Vendor Training +Plus, a \$229 value! Registrant Name _____ Email _____ Badge First Name _____ Please check here if you require special accommodations. <input type="checkbox"/>	\$689	\$

I would like to add a contribution to the Mike Molino RV Learning Center to promote education for our industry.*

\$ _____

VENDOR TRAINING + Plus ONLY Dealership must have one full convention registrant to bring additional employees JUST for Vendor Training +Plus. The cost is \$229 per person and includes Vendor Training +Plus training on Monday, Nov. 6 and Tuesday, Nov. 7, and Tuesday's reception in the Expo. Copy this form to add more registrants for Vendor Training +Plus.

Name _____	Badge First Name _____	Email _____	\$
Name _____	Badge First Name _____	Email _____	\$

3. Payment Information:

TOTAL \$ _____

Full Amount or **Easy Pay** (credit card only: 3 equal installments will be charged to your credit card, first on date received, then at 30 and 60 days). If neither box is checked you will be charged the full amount in one payment.

Check enclosed
 Charge my: Visa MC Amex Discover

Name on Card _____ Card # _____ Expires _____ Security Code _____
 Billing Address _____ City _____ State/Prov _____ Zip/PC _____

MAIL OR FAX A COPY OF THIS FORM TO:

RVDA of America, 3930 University Drive, Fairfax, VA 22030-2515 • (703) 591-7130 • Fax: (703) 591-0734 • www.rvda.org

RVDA of Canada, Ste. 145, 11331 Coppersmith Way, Richmond, BC V7A 5J9 • (604) 718-6325 • Fax: (604) 204-0154 • www.rvda.ca

CANCELLATION / REFUND POLICY: All cancellations must be in writing and received by August 31, 2017, to qualify for a refund. A \$50 administrative fee will be deducted from each refund request received by July 31, 2017. A \$100 administrative fee will be deducted from each refund request received between August 1, 2017 and August 31, 2017. No refunds will be made after August 31, 2017. *The Mike Molino RV Learning Center is a tax-exempt organization as described in section 501(c)(3) of the Internal Revenue Code. Contributions may be tax deductible as charitable donations.