

Event Registration Form

ATRI Convention and Trade Show



Company Name: _____

Date: _____

Name Badges:

If more than 5, list on the bottom of the form.

Total Amount Enclosed \$ _____

1, _____

2, _____

3, _____

4, _____

5, _____

Personal Information

Full Name	_____
Email Address	_____
Phone Number	_____
Address	Street: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Additional Information

Friday Night Cocktail	<input type="checkbox"/> Yes (Please specify number of attendees): _____ <input type="checkbox"/> No
Saturday Lunch	<input type="checkbox"/> Yes (Please specify number of attendees): _____ <input type="checkbox"/> No

Registration Fee

Pay By Check to: Auto & Truck Recyclers of IL 2912

Andy Rd, Springfield, IL 62702

Name on the card _____

Card # _____ Exp. Date _____ Zip Code _____

Registration is

\$150 per person

\$120 per person for three or more

\$100 per person if five or more

come from the same facility.

illinoisautorecyclers.com

the State House Inn, Springfield, IL

Contact information:

Michelle Lechner

866-880-2874

Fax: 877-747-7597