

**2014 OADA CONVENTION REGISTRATION FORM**  
**The Waldorf Astoria Naples (formerly the Naples Grande)**  
**Naples, Florida**  
**APRIL 10-13, 2014**

**PLEASE PRINT**

Name \_\_\_\_\_ Spouse/Guest \_\_\_\_\_

Dealership/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

**IMPORTANT: E-MAIL ADDRESS** \_\_\_\_\_

**REGISTRATION TYPE:**

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Dealer                 | \$225.00 | <input type="checkbox"/> Child (12-17) | \$175.00 |
| <input type="checkbox"/> Dealer's Spouse/Guest  | \$225.00 | <input type="checkbox"/> Child (6-11)  | \$150.00 |
| <input type="checkbox"/> Sponsor                | \$300.00 | <input type="checkbox"/> Child (2-5)   | \$100.00 |
| <input type="checkbox"/> Sponsor's Spouse/Guest | \$250.00 |  |          |

Children: \_\_\_\_\_  
(Name & Age) (Name & Age) (Name & Age)

**HOTEL INFORMATION:** The Waldorf Astoria, 475 Seagate Drive, Naples, FL Phone: 239-597-3232

\_\_\_\_\_ **Hotel Guest Room rate is \$305.00 per night which includes all taxes.**

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ **Number of nights** \_\_\_\_\_

Special Requests \_\_\_\_\_ non-smoking hotel.

**CANCELLATION POLICY:** The cut-off date for registrations/cancellations is **March 10, 2014**. After that date, an OADA cancellation fee of \$100.00 will be incurred by attendees. The hotel reserves the right to keep one night's deposit on a guest room for cancellations after March 10, 2014 or for no shows if the guest room is not RESOLD. Early DEPARTURE fee: If a guest who has requested a room and checks out prior to their reserved check-out date, the Hotel will add an early check out fee to that guests individual accounting equaling one night's room fee plus tax. Guests wishing to change their departure date should notify the hotel upon check-in.

**PAYMENT INFORMATION:**

Check enclosed ( ) **Make checks payable to: OADA**

Please charge my credit card: MasterCard ( ) VISA ( ) American Express ( )

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Hotel rate times number of nights \$ \_\_\_\_\_ plus Registration Fee(s) \$ \_\_\_\_\_ Total Amount  
Due \$ \_\_\_\_\_

Please return the completed form to: **Sheryl McGavern, Phone # Direct Line: 614-923-2228 - OADA, 655 Metro Place South, Suite 270, Dublin, OH 43017 or FAX 614-766-9600**