



2012 SACC National Convention Registration Form January 15th - 17th, 2012 Fountain Hills, AZ

Name _____ Family Member(s) _____
 Address _____ Guest Name _____
 City _____ State _____ ZIP _____
 SACC # _____ Phone # _____ Cell # _____
 Arrival Date _____ Departure Date _____ Email _____

Holiday Inn Hotel & Resort 12800 North Saguaro Blvd Fountain Hills, AZ 85268. Make hotel reservations by calling the hotel directly at (480) 837-6565, ask for "Group Reservations" and mention "Solid Axle Corvette" for special rate of \$159

Registration Fee (Individual or Family) \$ 85
Registers one SACC Member and one immediate family member (spouse, significant other, minor child)
 To receive discounted rate, completed registration form w/payment must be received by 11/04/2011
 On site or Late (after 11/04/2011) registration fee.... Additional \$30 \$ _____
 Sunday, 1/15 6pm Reception at Hotel # of persons attending \$ INC
 Monday, 1/16 10am Ken Kayser Tech Session w/ Box Lunch..... # of persons attending \$ INC
 Monday, 1/16 10am Ladies Day Outing...Please Indicate Interest! Shopping Saguaro Lake
 Monday, 1/16 6pm Vettes & Planes Dinner - Commemorative Air Museum # of persons @ \$50/ea \$ _____
 Tuesday, 1/17 8am Staging for Tortilla Flats Road Tour & Lunch..... # of persons @ \$16/ea \$ _____
 Tuesday, 1/17 6pm Sunridge Reception and Banquet..... # of persons @ \$35/ea \$ _____
 Event T Shirt QTY SM M L XL XXL @ \$20/ea \$ _____
 Home delivery (after convention) if unable to attend... Additional \$5 \$ _____

No Refunds will be made for cancellations occurring after 11/04/2011 Total Enclosed \$ _____

Hold Harmless Agreement: I agree to insure my vehicle(s) and property against loss, damage and liability and to provide proof of such insurance to SACC. I agree to assume the risk of any and all damages or acts or omissions which may result in the theft, damage or destruction of my property or injury to me or to others occurring during or as a consequence of this convention wherever located. Please bring proof of insurance covering convention dates.

Year _____ VIN _____ License _____ State _____
 Color _____ Interior _____ Trailered? Yes
 Insurance Company _____ Policy# _____ Exp _____

Signature _____ Date _____

Mail completed form with proof of insurance and funds payable to "Arizona Chapter SACC" to:
 Garry Mion 1101 E. Warner Rd. #135 Tempe, AZ 85284-3223

Convention Contacts: John Randolph (602) 553.8021 or Gary Lee (480) 883.8614