



**ASSOCIATION OF INDEPENDENT
COMPRESSOR DISTRIBUTORS**
 25th ANNUAL GENERAL MEMBERSHIP MEETING
 May 16-18, 2010
 Sawgrass Marriott Golf Resort & Spa
 Ponte Vedra, FL

MEETING REGISTRATION

COMPANY REPRESENTED _____

MAILING ADDRESS: _____

PRIMARY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____

ATTENDING:

Please mark one for each attendee

S M L XL

 (Name) Member Spouse / Guest Shirt Size _____

 (Name) Member Spouse / Guest Shirt Size _____

 (Name) Member Spouse / Guest Shirt Size _____

 (Name) Member Spouse / Guest Shirt Size _____

 (Name) Member Spouse / Guest Shirt Size _____

REGISTRATION FEE:		
	BEFORE APRIL 5TH:	AFTER APRIL 5TH:
_____ MEMBER ATTENDEES X \$275.00 = \$ _____	X \$290.00 = \$ _____	
(TOTAL)		
_____ SPOUSE /GUEST (S) X \$200.00 = \$ _____	X \$215.00 = \$ _____	
(TOTAL)		
TOTAL \$ _____	OR	\$ _____

Return this form with check payable to:
A.I.C.D.
3458 S. PINE ISLAND RD.
Beaumont, TX 77713
 Phone & Fax: (409)866-1565 * Email: aicd@aicd.org