



# 2021 Annual Convention

## June 14-17, 2021

### Hammock Beach Resort – Palm Coast, FL

**REGISTRATION DEADLINE**  
**MAY 21, 2021**

*Please Print and complete one Registration form per family*

<b>Member Name:</b> (Last Name, First Name)		
<b>Dealership/Business:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>		<b>Phone:</b>
<b>Spouse/Guest Name:</b>		
<b>Child Name /Age:</b>		<b>Child Name /Age:</b>
<b>Child Name /Age:</b>		<b>Child Name /Age:</b>

REGISTRATION FEES:	COST	# ATTENDING	\$ AMOUNT
Dealer Member	\$900		
Allied Member - Sponsoring	\$900		
Allied Member - Non-Sponsoring	\$1,100		
Guests - Dealer/Sponsoring Allied Member	\$900		
Guest - Non-Sponsoring Allied Member	\$1,100		
Children 5 & Under	\$0		
Children 6-12	\$350		
Children 13 – 20	\$450		
GOLF TOURNAMNET (includes Breakfast) Name # 1 _____ Name # 2 _____ Handicap: #1 _____ / # 2 _____	\$250		
Golf Club Rental (Right or Left Hand)	\$85		
<b>TOTAL</b>			\$ _____

**REGISTRATION FEE INCLUDES:**  
Chairman's Welcome Reception, Tuesday night event, Thursday Farewell Dinner and 2 breakfasts for all registered guests.

**Return Completed Form To:**

KADA, Attn: Leslie Wilson, CMP  
 Fax: 502-695-5790  
 Email: [lwilson@kyada.com](mailto:lwilson@kyada.com)  
 Mail: 152 Consumer Lane  
 Frankfort, KY 40601

**CANCELLATION POLICY**—Refunds of the convention fee (minus \$50 per person for processing fees) are available at any time up to **May 21, 2021**. No convention fee refunds will be given after that time. Hotel room reservations are subject to Hammock Beach Resort cancellation policy.

**HOTEL RESERVATIONS:**  
 Please RESERVE guest rooms *Directly* with the hotel.  
**Online:** [KADA Online Reservation Link](#)  
**Phone:** 866-841-0287  
**Group Name:** KADA  
 \* A 12.5% resort fee per night will be added to your room  
 \* Self-parking complimentary  
 \* Valet parking \$20 per night  
 \* All rooms are based on availability

**SLEEPING ROOMS:**

**Room Types**

1 Bedroom Suites	\$229.00
2 Bedroom Suites	\$345.00

**Reservation cutoff date: May 21, 2021**

**PAYMENT INFORMATION:**

**Total Amount Due** (including all activities) \$ \_\_\_\_\_  
 Invoice Full Amount     Full Amount Paid  
 Check Enclosed (Made payable to KADA)  
 Visa     MasterCard     American Express     Discover

**Account#** \_\_\_\_\_

**Exp:** \_\_\_\_\_    **Cardholder Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE CANCELLATION POLICIES.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have special needs, please attach a separate letter.