BSA 2010 FALL MEETING REGISTRATION FORM

Please complete this form to assure your registration for this meeting. Return the completed form to the address below or fax to **630/790-3095**. Please make your room reservations directly with the Hilton Suites Chicago Magnificent Mile by calling **312/664-1100** and be sure to identify yourself with the **BSA Fall Meeting** group block**.** On-line reservations are also available via the BSA 2010 Fall Meeting website at www.bsaconventions.org/2010Fall. **The deadline for registrations and reservations is August 26, 2010.** After that date, hotel reservations will be honored on a space-available basis.

NAME: _____ **TITLE:** _____

SPOUSE'S NAME IF ATTENDING: _____ **SPOUSE EMAIL:** _____

COMPANY: _____

TELEPHONE: _____ **EMAIL:** _____

COUNT ON MY/OUR ATTENDANCE AS INDICATED BELOW:

Sunday, September 26, 2010

Attendee	Spouse		
☐	☐	9:00 am – 5:00 pm	2011 Convention Planning Committee

Monday, September 27, 2010

☐		8:00 am – 9:00 am	Committee Chairmen Coordination
☐		9:00 am – 11:30 am	Information Technology and Supply Chain Committee
☐	☐	**11:45 am–1:00 pm**	**GROUP LUNCHEON and Presentation**
☐		1:15 pm – 3:15 pm	Distributor/Manufacturer Relations Committee
☐		1:15 pm – 3:15 pm	Educational Services Committee
☐		3:30 pm - 5:30 pm	Past Presidents Council
☐		3:30 pm - 5:30 pm	Long Range Convention Planning Committee
☐	☐	**6:30 pm**	**BSA RECEPTION/DINNER**

Tuesday, September 28, 2010

☐	8:00 am – 11:00 am	Board of Directors Meeting *(Board and Committee Chairmen only)*

Please indicate any special food or accessibility requirements: _____

REGISTRATION DEADLINE IS AUGUST 26, 2010

Payment information:

Please include $200 registration fee in U.S. funds payable to Bearing Specialists Association

Please charge $200 to my ☐Visa ☐ MasterCard ☐ American Express

_____
Name on Card

_____
Card Number Expiration Date Security Code (3 or 4 digit # on back of card)

_____
Signature required for credit card

Return to: Bearing Specialists Association
800 Roosevelt Road, Building C, Suite 312, Glen Ellyn, IL 60137
FAX: 630-790-3095

For Office Use Only: Amount Received _____
Check # _____ Enter Date _____