BSA 2010 WINTER 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 Doubletree Guest Suites Tampa Bay by calling **800-HILTONS (1-800-445-8667)** and be sure to identify yourself with the **Bearing Specialists Association** group block**.** On-line reservations are also available via the BSA 2010 Winter Meeting website at www.bsaconventions.org/2010 Winter/. **The deadline for reservations is December 16, 2009.** After that date, 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, January 17, 2010

Attendee	Spouse		
☐	☐	7:30 am	BSA Golf Event (Tee times starting at 8:00 am)
		Please include a golf fee of $70.00 per person with meeting registration fee	
☐	☐	9:00 am – 5:00 pm	2010 Convention Planning Committee

Monday, January 18, 2010

Attendee	Spouse		
☐		8:00 am - 8:45 am	Committee Chairmen Coordination Meeting
☐		9:00 am – 11:00 am	Past Presidents Council
☐	☐	**11:15 am–12:45 pm**	**GROUP LUNCHEON** and *Anti-Counterfeiting* Presentation
☐		1:00 pm – 3:00 pm	Information Technology & Supply Chain Committee
☐		1:00 pm – 3:00 pm	Long Range Convention Planning Committee
☐		3:00 pm - 5:00 pm	Distributor/Manufacturer Relations Committee
☐		3:00 pm - 5:00 pm	Educational Services Committee
☐	☐	**6:30 pm**	**BSA RECEPTION/DINNER**

Tuesday, January 19, 2010

Attendee		
☐	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 DECEMBER 16, 2009

Payment information:

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

Please charge _____ to my ☐Visa ☐ MasterCard ☐ American Express

_____
Name on Card

_____
Card Number Exp 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 Rec. _____ Enter Date _____

Check Number _____ Date Rec'd _____