



2011 SACC National Convention Registration Form
January 30 – February 1, 2011
Kissimmee, FL

Name _____ Family Member(s) _____
SACC Membership # _____ Chapter _____
Address _____ City _____
State/Prov. _____ Zip _____ E-Mail _____
Home Phone# () _____ Cell Phone# () _____
Non-SACC Guest of Member _____ Arrival & Departure Dates _____

Holiday Inn - Main Gate East, 5711 W. U.S. Hwy 192, Kissimmee, FL 34746 (407) 396-4222.
Make hotel reservations by calling 1-800-327-1128 and mention Solid Axle Corvette Club convention to receive our rate of \$65.00 per night. You will be able to keep the same rate for any additional nights, before or after the convention (based on space availability).

Please indicate the functions you plan to attend and the number of people who will attend each.

Convention Registration Fee by 12/1/10 (Includes \$20.00 discount for early registration) \$ 70.00
Registers 1 SACC member & their immediate family (spouse & minor children)
To receive discount rate, completed registration form with payment must be received by December 1, 2010.
Registration after December 1, 2010..... Additional \$30.00 . \$ _____
Non-SACC Guest of Member additional fee..... \$30.00 each. \$ _____
Sunday, 1/30 Reception dinner at hotel # _____ persons @ \$15.00 each. \$ _____
Monday, 1/31 Caravan to the Don Garlits Museum and luncheon..... # _____ persons @\$35.00 each. \$ _____
Tuesday, 2/1 Lunch following tech sessions.....# _____ persons @ \$10.00 each. \$ _____
Tuesday, 2/1 Reception & Banquet.....# _____ persons @ \$35.00 each. \$ _____
Tee Shirts ___ SM ___ MD ___ LRG ___ XLRG ___ XXLRG..... \$20.00 each \$ _____
Convention Tee shirts may be ordered for home delivery if unable to attend,
Add \$5.00 for Shipping & Handling; tee shirts will be shipped after convention. \$ _____

Payable in US Funds only Check or Money order. Total enclosed \$ _____

No refunds will be made for cancellations occurring after 1/16/11.

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. Send or bring proof of insurance covering convention dates.

Year _____ Vin _____ License _____ State _____ Exterior color _____
Interior color _____ Trailer: Yes _____ No _____
Insurance Company _____ Policy # _____ Expires _____

Signature _____ Date _____

Mail completed form, proof of Insurance and check, made payable to SSSACC, to:

John Battista - SSSACC
10205 Burnt Store Road
#75
Punta Gorda, FL 32950-7932

Convention Contacts: John Battista (302) 381-9786 or Brad Bean (850) 424-5623