



EXHIBITOR BADGE & OPTIONAL EVENT FORM

CRA California Rental Association
Serving the Equipment and Party Rental Industry

Company Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Country _____ E-Mail _____
 Telephone _____ Fax _____

Order Your Name Badges Now!

Exhibitors receive two badges per booth.
 Additional Badges available for \$25 each.

Sign up for CRA's Rental Rally Tradeshow Special Optional Events — Deadline for ticket purchase is March 1.

Tuesday Evening Event • March 13 • 7:00pm.
Opening Event / Awards Ceremony: includes Cocktail Party with Light
 Appetizers & Admission to the National Hot Rod Association Museum!
 — \$25.00/person

Wednesday Evening Event • March 14 • 6:00pm – 10:00pm.
Dinner at Pomona Valley Mining Company — \$35.00/person.

PAYMENT IN FULL REQUIRED TO PROCESS REGISTRATION. Make copies of form as needed.

1. Type FIRST & LAST NAME of each person who will need a badge (as you want it to appear on badge). 2. OPTIONAL EVENTS - Circle the optional events each person would like to attend.	Name Badges 2 per Booth Free Additional \$25 ea.	OPTIONAL EVENTS		
		TUESDAY Opening Event	WEDNESDAY Dinner	TOTAL
1.	Free	\$25	\$35	
2.	Free	\$25	\$35	
3.	\$25	\$25	\$35	
4.	\$25	\$25	\$35	
5.	\$25	\$25	\$35	
6.	\$25	\$25	\$35	

Send this form with payment to:
California Rental Association,
P.O. Box 348420, Sacramento, CA 95834-8420
Phone (916) 922-4222 • Fax (916) 922-4242
info@CalRental.org

Cancellation refunds will be granted if a written request is sent to CRA, Attn: Controller, before March 1, 2012. The refund will be the total registration fee less 25%. Allow 4-6 weeks after the RENTAL RALLY TRADESHOW for refund. Please contact CRA if you require assistance as defined by The Americans With Disabilities Act.

TOTAL ENCLOSED

Payment Method:

- () CHECK (only U.S. Funds accepted) payable to California Rental Association
- () CREDIT CARD

IF PAYING BY CREDIT CARD, COMPLETE THIS BOX:

Card # _____ Exp. Date _____
 Cardholder's Name _____ Security No. _____
 Cardholder's Signature _____ Billing Zip Code _____



FOR OFFICE USE ONLY:

Amount \$ _____
 Check #/Auth.# _____
 Date entered _____ by _____
 ID# _____