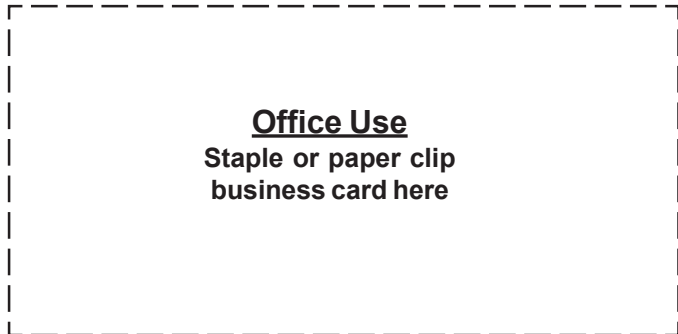


apra On-Site Registration

2009 International BIG R Show

Riviera Hotel and Casino / October 31 - November 2, 2009



Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Country _____ Phone _____ Fax _____

Check your classification () A/C () Brake Systems () Clutch () Racks () Electrical () Engine/Fuel Mgmt. () HD Engine () HD Brake () HD Transmission () Vol. Transmission () Mechatronics/Electronics () Other: _____

Register the Following People (Mark one category and list names as you'd like them to appear on the badges)

- () REMANUFACTURER / Green () EXHIBITOR / Blue - Booth # _____ () SUPPLIER / Red
 () CORE SUPPLIER / Red () MANUFACTURER REP. / Yellow () ASSOCIATES / Maroon () MEDIA / Gray

1. First Name _____	Last Name _____	Email _____
2. First Name _____	Last Name _____	Email _____
3. First Name _____	Last Name _____	Email _____
4. First Name _____	Last Name _____	Email _____

Full Registration	Price	Total
APRA Member Fee (per person)	\$140	_____
Non Member Fee (per person)	\$170	_____
Expo Only Registration		
Rebuilders (member & non-member)	\$30	_____
Mfr. Suppliers, Core Suppliers & Mfr. Reps (members)	\$110	_____
Mfr. Suppliers, Core Suppliers & Mfr. Reps (non-members)	\$160	_____
Optional Workshops/Clinics (per person)		
APRA Thrive Electrical Clinic (O1): <i>Saturday, October 31, 8:45 am - 4:00 pm</i>	\$115	_____
Calculating the True Cost of Cleaning (O2): <i>Saturday, October 31, 1:30 pm - 4:00 pm</i>	\$40	_____
Workstation Design for Lean Initiatives (O3): <i>Sunday, November 1, 2:15 pm - 3:30 pm</i>	\$40	_____
Improving Quality - Straight to the Bottom Line (O4): <i>Sunday, November 1, 3:45 pm - 5:00 pm</i>	\$40	_____
Opportunities for Remanufacturers (O5): <i>Monday, November 2, 9:30 am - 10:45 am</i>	\$40	_____
APRA Electronics & Mechatronics Clinic (O6): <i>Monday, November 2, 2:00 pm - 4:30 pm</i>	\$60	_____
APRA Air Conditioning Clinic (O7): <i>Monday, November 2, 1:30 pm - 4:30 pm</i>	\$50	_____

Payment (Make all checks payable to APRA in U.S. funds) **GRAND TOTAL:**

METHOD OF PAYMENT: Check# _____ Cash _____ Credit Card _____