



2017 CARWASH TOUR REGISTRATION

June 21

MotorCity Casino Hotel

Name _____

Company Name _____

Other Business Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

(Please provide an up-to-date email to ensure that you receive all MCA communications)

Primary Area of Business

- Conveyor
- Oil-Lube
- Chemical Distributor
- Other _____
- Detail Shop
- Carwash Mfr.
- Credit Card Processor
- In-Bay Automatic
- Equipment Mfr.
- POS
- Self-Serve
- Soap Mfr.
- Insurance Provider

If you are registering multiple attendees please enter their first and last name and email address

| | Name | Email |
|---|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |
| 5 | _____ | _____ |

SPONSORSHIPS OPPORTUNITIES

- Platinum- \$1,500
- Gold - \$1,000
- Silver - \$500
- Bronze - \$250

TOUR REGISTRATION

MCA Member (____ x \$59) \$ _____

Non-Member (____ x \$150) \$ _____

(includes 2017 MCA Membership)

Sponsorships \$ _____

Total Remitted \$ _____

PAYMENT METHOD

Check payable to MCA Check # _____ AMEX VISA MasterCard Discover

Credit Card Number: _____ Expiration: _____ Code: _____ Zip: _____

Name: _____ Signature: _____