2015 ITA Technician Competition Entry Form

Company				_		
Terminal (fill out one form per terminal)						
Company Representative Information:						
Name		Title				
Address						
City		State	Zip			
Phone	Fax		E-mail			
Signature						
Technician Name		Tech E-mail (required)		Rookie (Y/N)*		
1						
2						
3						
4						
5						
*'Rookie' indicates you have neve	er before partic	ipated in any	State or National Tec	h Competition.		

2015 Technician Competition Entry

Please use the Banquet Ticket Reservation Form to purchase tickets for non-competitors.					
Total Payment: \$	(\$125 per Technician)				
PAYMENT OPTIONS (circle one): Check Credit Card: VISA/MasterCard/Discover					
Credit Card Number:		Exp.	Date:		
Security Code: Name	on card:		_		
Billing address:	Billing Zip Code:				
Signature:		Date:			

Please make checks payable to Illinois Trucking Association.

- Entries will not be accepted after June 26, 2015.
- Refunds will not be given after June 26, 2015.
- If a technician has to cancel his/her participation for any reason please notify Randy Thomas at 630-654-0884 or by email at rthomas@iltrucking.org immediately!



This form must be returned by June 26, 2015 to:

Illinois Trucking Association

7000 S. Adam, Suite 130 932 S. Spring St.
Willowbrook, IL 60527 Springfield, IL 62704
Fax: (630) 654-0884 Fax: (217) 789-6017

Email: janet@iltrucking.org

