

SCHOOL GROUP TICKET RESERVATION

(Payment upon arrivai)					
Please complete the following: (Incomplete reservations will not be accepted)					
Name of School					
Contact Name					
Address					
City	State		Z	IP	
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Telephone	Fax				
*Email Address (I will e-mail confirmation and furthe	r information, p	lease make sure	your e-mail is leg	ible)	
Day/Date of visit (CIRCLE ONE): Mon. 2/12	Tues. 2/13	Wed. 2/14	Thurs. 2/15	Fri. 2/16	Mon. 2/19
Estimated arrival time:					
(show opens at 10:00 a.m. daily)					
Estimated number of student tickets needed:					
(20 ticket minimum to obtain group rates, \$7 each)					
Number of complimentary chaperone tickets:					
(1:10 ratio)					
Number of lunch coupons:					
(do NOT collect money in advance)					
Payment type (Circle one)	cash	organ	ization's chec	k	credit card

*Please look for a confirmation e-mail that includes information about drop off area, parking and etc. (if you do not receive an e-mail in couple days, please call to confirm your reservation). Please be aware, these reserved tickets that are purchased on the day you attend are only good for that day and are not refundable!!!

mail, e-mail or fax this ticket reservation to: Chicago Automobile Trade Association

18W200 Butterfield Rd. - Oakbrook Terrace, IL 60181-4810

630-495-2282 (tel)

630-495-2260 (fax)

dyoung@cata.info (e-mail)