



# 2023 REGISTRATION FORM

**NOTE: No registrations will be processed without payment. You must include a check or your credit card information.**

**COMPANY NAME:** \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Name to Appear on Badge: \_\_\_\_\_

Email: \_\_\_\_\_

If this is your first time, check the box. ☐

Emerging Leaders (under 40) check the box ☐

**Registration Fees and Activity Selections:**

Early Bird Registration First Attendee (Before December 23, 2022) \_\_\_\_\_ x \$1,075 = \_\_\_\_\_

Early Bird Registration Additional Attendee \_\_\_\_\_ x \$975 = \_\_\_\_\_

Regular Registration (After December 23, 2022) \_\_\_\_\_ x \$1195 = \_\_\_\_\_

Emerging Leader Registration (40 and under) \_\_\_\_\_ x \$945 = \_\_\_\_\_

Golf Tournament (Monday afternoon) \_\_\_\_\_ x \$205 = \_\_\_\_\_

Everglades Tour (Monday afternoon) \_\_\_\_\_ x \$155 = \_\_\_\_\_

Mangrove SUP Safari (Monday afternoon) \_\_\_\_\_ x \$195 = \_\_\_\_\_

Spouse: (please write in spouse name here) \_\_\_\_\_

Spouse Registration \_\_\_\_\_ x \$649 = \_\_\_\_\_

Spouse Breakfast \_\_\_\_\_ x \$0 = \_\_\_\_\_

Golf Tournament (Monday afternoon) \_\_\_\_\_ x \$205 = \_\_\_\_\_

Everglades Tour (Monday afternoon) \_\_\_\_\_ x \$155 = \_\_\_\_\_

Mangrove SUP Safari (Monday afternoon) \_\_\_\_\_ x \$195 = \_\_\_\_\_

**Roundtable Topic** (Check the box in front of the topic you would like to discuss on Monday morning.)

☐ EETC – Train Your Future Technicians

☐ How are YOU Preparing for Economic Turbulence

☐ HR Options-Hiring and Retention

☐ Dealer Health, What Works?

☐ Operational Efficiencies and Metrics

☐ Transportation Issues

☐ OPEESA-Women In Industry

☐ I am willing to be a Table Captain

☐ I will NOT be attending this session

By registering for OPEESA's 2023 Annual Meeting you are agreeing to abide by the CDC guidelines, State of Florida health and safety guidelines and Sonesta Fort Lauderdale Beach regulations in place at the time of the event.

Please make a copy of this form for EACH registrant or use the fillable PDFs on the website.

**Emergency Contact Information:**

Name \_\_\_\_\_

Relationship to Attendee \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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