

# 2014 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 never before participated in any State or National Tech Competition.*

## 2014 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 27, 2014.*
- *Refunds will not be given after June 27, 2014.*
- *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](mailto:rthomas@iltrucking.org) immediately!*



This form must be returned by **June 27, 2014** 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: [linda@iltrucking.org](mailto:linda@iltrucking.org)

