



Automotive Service Councils of California
 Professionals in Automotive Service ~ Since 1940

**Automotive Service Councils
 of California**

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TO: ASCCA BOARD, CHAPTER REPRESENTATIVES, COMMITTEES & INTERESTED PARTIES
FR: ASCCA OFFICE
RE: SEPTEMBER 2020 ASCCA TEAM WEEKEND

Thank you to our Team Weekend Sponsors:



Please find detailed information on the upcoming SEPTEMBER Team Weekend. Please Note: the schedule listed below is tentative and subject to change.

WHAT: SEPTEMBER 2020 TEAM WEEKEND
WHEN: SEPTEMBER 12, 2020
LOCATION(s): Via Zoom

SCHEDULE OF EVENTS:

Saturday, September 12:

- 8:30 am – 10:30 am **ADAS Demonstration – Presented by Scott Brown**
- 10:30 – 10:45 am Break
- 10:45 am – 12:45pm **Chapter Representatives Committee Including:**
 - Government Affairs Update by Legislative Advocate Jack Molodanof
 - 2021 Board of Directors Elections
- 12:45 pm – 1:30 pm Lunch Break
- 1:30 pm – 3:30 pm **Board of Directors Meeting**



ASCCA SEPTEMBER 2020 TEAM WEEKEND REGISTRATION FORM

September 12, 2020

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Please complete and return to the ASCCA Headquarters Office by Friday, September 4.

ASCCA Headquarters Office, One Capitol Mall, Suite 800, Sacramento, CA 95814 -- Fax: (916) 444-7462 or email bichimaru@amgroup.us. If you have any questions, please contact Gloria Peterson at (916) 924-9054 x 104.

Online Registration:

http://events.constantcontact.com/register/event?llr=9elmgocab&oeidk=a07eh3oeigk699d2772

Name: _____

Company: _____

Phone: _____ Email: _____

I am attending the ASCCA Team Weekend as a: (check all that apply)

_____ Director _____ Committee Chair/Committee Member

_____ Chapter Representative Chapter Name and # _____

Please check all events you will be attending.

Saturday, September 12

_____ Educational Training

Member – Complimentary Non-Member – \$100

_____ ASCCA Chapter Representatives Meeting

_____ ASCCA Board of Directors Meeting

Payment Amount (Non-Member and/or Guest Registrations Only): \$ _____

Payment Method: Check # _____ Credit Card: Visa MasterCard AmEx

Credit Card Information

Name on Credit Card _____

Credit Card # _____

Exp. Date (MM/YY) _____ Security Code _____ Billing Zip Code _____

Signature _____