



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

**Automotive Service Councils
 of California**

One Capitol Mall, Suite 800
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 E-mail: info@ascca.com

TO: ASCCA BOARD, CHAPTER REPRESENTATIVES, COMMITTEES & INTERESTED PARTIES
FR: ASCCA OFFICE
RE: JANUARY 2021 ASCCA TEAM WEEKEND



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

WHAT: JANUARY 2021 TEAM WEEKEND
WHEN: January 30-31, 2021
LOCATION: Via Zoom

SCHEDULE OF EVENTS: (Tentative)

Saturday, January 30:

8:00 am – 8:10 am Welcome – Pledge, Opening Comments
 8:10 am – 8:15 am [NEW: Introduce new members and first-time Team Weekend attendees.](#)
 8:15 am – 9:45 am **Government Affairs Committee**
 9:45 am – 10:00 am Break (transition to next meeting)
 10:00 am – 11:00 am **Education, Training & Information Committee**
 11:00 am – 11:15 am Break (transition to next meeting)
 11:15 am – 12:15 pm **Membership / Revenue & Benefits Committees** (separate Zoom meeting rooms)
 12:15 pm – 1:15 pm Lunch Break
 1:15 pm – 2:45 pm **Chapter Representatives Committee**
 2:45 pm – 3:00 pm Break (transition to next meeting)
 3:00 pm – 5:00 pm **Education Training Session**

Sunday, January 31:

8:30 am – 11:00 am **ASCCA Board of Directors**



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ASCCA JANUARY 2021 TEAM WEEKEND REGISTRATION FORM

January 30-31
Held via Zoom

Please complete and return to the ASCCA Headquarters Office by **Friday, January 29, 2021**.
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=a07ehgsa2jy3de80316>

Name: _____

Company: _____

Phone: _____ Email: _____

Guests Attending: **ALL GUEST(S) MUST BE REGISTERED.**

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, January 30

_____ Committee Meetings – Please List Committee(s):

_____ Educational Training

Member – Complimentary Non-Member – \$100

Sunday, January 31

_____ 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 _____