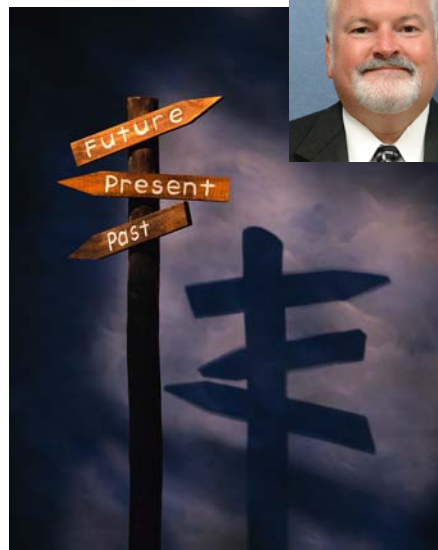




Please Join ASPA for its  
Annual Luncheon Program at AAPEX 2010

## A Monolog with John Washbish

“The Present and Future State of the Aftermarket”  
[ OR ... “As Only He Can See It!” ]



Be sure to join ASPA in Las Vegas during the AAPEX Show and catch this opportunity to see **John Washbish**. You will get to hear John’s point of view (and a few witty anecdotes) about the state of the aftermarket and what the future entails. **Don’t miss** what will most definitely be both enlightening and entertaining!

John can only be described as an icon of the automotive aftermarket. He is President and CEO of Aftermarket Auto Parts Alliance, Inc., the program distribution group that markets under the Auto Value and Bumper to Bumper brands. His current position represents a return to his roots in auto parts distribution after spending over 33 years on the manufacturing side of the aftermarket.

**WHEN:**

Wednesday, November 3, 2010 at 12:00 Noon

**WHERE:**

AAPEX 2010

The Venetian Hotel and Casino, Las Vegas

**TICKETS \$100 each TABLE \$1,000**

**RESERVE YOUR TICKETS TODAY!**

**RSVP BY OCTOBER 27**

**YES!** I want to reserve  \_\_\_\_\_ tickets OR  \_\_\_\_\_ table  
= 10 tickets  
Please clearly indicate the amount of tickets/tables you want to reserve\*

**TOTAL \$**

COMPANY NAME \_\_\_\_\_

POINT OF CONTACT NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

POINT-OF-CONTACT PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

NAMES OF ATTENDEES  
If more than 4 attending  
attach names. Names not  
needed for table purchases.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**METHOD OF PAYMENT**

If paying by check and more than one person is attending from your company, please send one check for total. If paying by credit card, you will be charged once for the total amount.

**CHECK** Payable to “The Automotive Specialty Products Alliance”

**CREDIT CARD**     VISA     MasterCard     AMEX  
CC #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME ON CARD: as it appears \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I hereby authorize ASPA to charge registration fees for this event to the above credit card. Charges will appear as “CSPA” on the credit card statement.

**SUBMIT TO ASPA c/o SEAN MOORE:**

FAX (202) 872-8114  
EMAIL [smoore@cspa.org](mailto:smoore@cspa.org)  
MAIL ASPA, 900 17<sup>th</sup> St., NW  
Suite 300 Washington, DC 20006  
*\*Incomplete forms will not be processed*