

2013 VACVB Spring Quarterly Meeting

May 16 - 17 - Abingdon, VA



Registration Form

- This registration form serves as your invoice. Payment must accompany form. Cash, check or credit card is acceptable. Checks are payable to the Virginia Association of Convention and Visitors Bureaus or "VACVB".
- Please complete all sections and mail, fax or email with payment to:

VACVB
PO Box 3363
Warrenton, VA 20186
Fax: (202) 962-3939
vacvb@collegiorg.com

Cost

Registration Categories	Cost	Qty	Total
DMO Member/Add't Allied	\$135		
Friday Only	\$75		
Grand Total			\$

Registration fee includes Thursday lunch & reception, Friday breakfast & lunch, as well as the education sessions and tour.

Registrant Information

Organization _____

Name of Primary Registrant _____

Title _____ Email _____

Address _____

City _____ State/Zip _____

Additional Registrants

Name _____

Title _____ Email _____

Name _____

Title _____ Email _____

Payment

Check Payable to VACVB

Credit Card: VISA

MasterCard

AMEX

Name on Credit Card _____ Card # _____

Amt Authorized \$ _____ Expiration Date _____ 3 or 4 Digit CVV Code _____

Signature _____ Date _____