

# 2011 Virginia Tourism Summit



## Registration Form

This registration form serves as your invoice. Payment must accompany form and be payable to Virginia Association of Convention & Visitors Bureaus.

Please complete all sections and mail, fax or email with payment to:

VACVB  
PO Box 3363  
Warrenton, VA 20188  
vacvb@collegorg.com  
(202) 962-3939

Please make your hotel reservations with the **Marriott Chesapeake** prior to April 8, 2011. Call (757) 523-1500 and request the VACVB room rate. King and Double accommodations are available for \$87 per night.

Marriott Chesapeake  
725 Woodlake Drive  
Chesapeake, VA 23320

## Registration Categories

Early Bird (Members)	\$170
Early Bird (Non Members)	\$225
Members Registration	\$185
Non Members Registration	\$250
1 Day Pass (Municipal or County Government Executives Only)	\$125
Allied Members - 1 person comped with table, additional registrations at the prevailing rate	
Field Study	\$15

**Registration fee includes** two breakfasts, one lunch, two receptions, one dinner and all workshops. A separate per person registration fee applies to the Field Study. Early bird pricing expires April 1, 2011.

## Primary Registrant Information

Organization \_\_\_\_\_

Name of Primary Registrant \_\_\_\_\_

Field Study \_\_\_\_ Member \_\_\_\_ Allied Member \_\_\_\_ Non Member \_\_\_\_ 1 Day Pass \_\_\_\_

Name for Name Badge \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

## Additional Registrants

Field Study \_\_\_\_ Member \_\_\_\_ Additional Allied Member \_\_\_\_ Non Member \_\_\_\_ 1 Day Pass \_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Special Diet Needs \_\_\_\_\_

Field Study \_\_\_\_ Member \_\_\_\_ Additional Allied Member \_\_\_\_ Non Member \_\_\_\_ 1 Day Pass \_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Special Diet Needs \_\_\_\_\_

Field Study \_\_\_\_ Member \_\_\_\_ Additional Allied Member \_\_\_\_ Non Member \_\_\_\_ 1 Day Pass \_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Special Diet Needs \_\_\_\_\_

## Payment Information on Back

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## Payment Information

Please enter your total amount owed: \$\_\_\_\_\_

Make Checks payable to VACVB Check Number \_\_\_\_\_

Credit Card Information      Visa      Master Card

Name on Credit Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code on Back \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Submit complete form and payment to:

VACVB

PO Box 3363

Warrenton, VA 20188

Phone: 540-904-4710 Fax: 202-962-3939

Email: [vacvb@collegorg.com](mailto:vacvb@collegorg.com)

For more information regarding the conference visit [www.VACVB.com](http://www.VACVB.com) or call 540.904.4710.