



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 fax, mail or email with payment to:
VACVB
PO Box 3363
Warrenton, VA 20188
Phone: (540) 904-4710
Fax: (888) 403-0920
Email: vacvb@collegorg.com

Lodging Information

Please make your hotel reservations with the Stonewall Jackson Hotel prior to July 17, 2011. Call (540) 885-4848 and request the VACVB room rate. Accommodations are available for \$99 per night.

Stonewall Jackson Hotel
24 South Market Street
Staunton, VA 24401

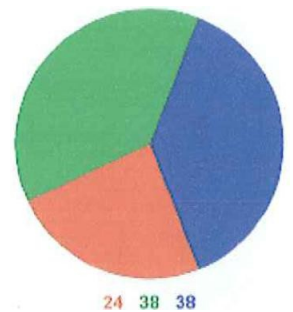
Cost

Please check the registration type that applies to you. Registration includes: 1 reception (to be hosted by the Staunton CVB), 1 breakfast and 1 lunch, breaks, all meetings, and the RGB assessment.

- DMO Member Registration: \$60**
- Allied Members: Complimentary**

Education Session

John Johnson, Executive Director of the Hampton Citizens' Unity Commission for the city of Hampton, Virginia, will present RGB, a simple technology tool used to help teams within a workplace work better together by understanding each other's situations and human conditions. The RGB measures three fundamental "predisposed requisite talents." Everyone has some measure of all three. Most people have an abundance of one or two, and shortage of third. Other people are balanced. The RGB tool will examine our self awareness, measure our interpersonal understanding in relationships, provide insight on team performance, guide workload distribution among team members, and direct conflict resolution among people in the workplace who might otherwise suppress conflict. Have fun with what you will learn at this interactive session, and improve your overall performance in the workplace.



Summer 2011 Quarterly Meeting



Primary Registrant Information

Organization _____

Name of Registrant _____

Title _____

Email _____

Address _____

City _____

State/Zip _____

Phone with Extension _____

Fax _____

Dietary or Special Needs _____

Additional Registrant Information

Name _____ Title _____

Email _____ Special Diet Needs _____

Name _____ Title _____

Email _____ Special Diet Needs _____

Name _____ Title _____

Email _____ Special Diet Needs _____

Payment

Check Enclosed Payable to VACVB _____ Credit Card: VISA _____ MasterCard _____

Name on Credit Card _____

Card # _____

Expiration Date _____

3 Digit Code on Back of Card _____

Signature _____

Date _____

Please submit registration form with payment via fax, mail, or email.

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If you have questions, please contact the VACVB offices at (540) 904-4710.