



Winter 2012 Quarterly Meeting
February 23-24, 2012
Craddock Terry Hotel, Lynchburg VA

Registrant Information

Organization _____

Name of Registrant _____

Title _____ Email _____

Address _____

City _____ State/Zip _____

Phone with Extension _____ Fax _____

Dietary or Special Needs _____

Registration Type

- DMO member registration, \$75 each Allied member registration, no charge

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 this page with payment via fax, mail, or email. Thank you.

VACVB
PO Box 3363
Warrenton, VA 20188-3363

Phone: (540) 904-4710
Fax: (202) 962-3939
Email: vacvb@colliegorg.com

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