



registrationform

AVDA 2010 ANNUAL CONFERENCE

April 18-20, 2010 Silverado Resort Napa, California

PLEASE TYPE OR PRINT information as you want it to appear on your badge.
Please photocopy form for additional registrants. Payment **must** accompany this form!

Company _____

Address _____ Country _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Person to contact in case of emergency during meeting (Name) _____

Phone _____ Relation to Attendee _____

Rep full name:	nickname:	1st conference? <input type="checkbox"/> yes <input type="checkbox"/> no
Rep title:	Rep e-mail:	
Spouse full name:	nickname:	1st conference? <input type="checkbox"/> yes <input type="checkbox"/> no



- SPONSOR REGISTRATION (check box):**
- Grand Sponsor \$15,000
 - Four Star Sponsor \$7,500
 - Three Star Sponsor \$5,000
 - Two Star Sponsor \$2,500
 - Five Star Sponsor \$10,000
 - One Star Sponsor \$1,500

Sponsorship Total \$ _____

Event	Cost	Rep.	Spouse
Member Registration Fee	\$450	\$	
Late Fee (If after 3/15/10)	\$50	\$	
Non-Member Registration Fee	\$1,500	\$	
Spouse/Companion Registration (includes tour)	\$225		\$
Spouse/Companion Tour (4/19/10) (no charge)	Check box if attending		
Scramble Golf Tournament (4/20/10)	\$200	\$	\$
Annual Banquet (4/20/10) (no charge)	Check box if attending		
Fees Due for Each Attendee		\$	\$
TOTAL AMOUNT DUE:	\$		



ALL REGISTRATIONS RECEIVED AFTER MARCH 15, 2010 WILL BE CHARGED A \$50 LATE FEE.

Registration Fees: The registration fee covers all business sessions, conference materials, scheduled meal functions and receptions. Spouse registration is an additional charge.

Cancellation Policy: All cancellations must be in writing by March 15, 2010 and no refunds will be made after March 15, 2010. Cancellation prior to March 15 will be charged a \$100 administrative fee.

Important: If you have a disability or dietary need and require special accommodation in order to fully participate in this event, please check the box on the left. Attach a written description of needs. We can only provide access if we have prior knowledge.

RETURN THIS FORM with payment to AVDA at:
2105 Laurel Bush Rd., Suite 200, Bel Air, MD 21015
phone: 443-640-1040 • fax: 443-640-1086

PAYMENT: Check (payable to AVDA)
 VISA MasterCard American Express

Card # _____

Cardholder Name _____

Cardholder Address (if different from above) _____

Exp. Date _____

Signature _____

EARLY REGISTRATION DEADLINE: MARCH 15