



**AVDA 2007 Annual Conference** April 29 - May 1, 2007 Westin Savannah Harbor Golf Resort & Spa Savannah, GA

**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 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Person to contact in case of emergency during meeting (Name) \_\_\_\_\_  
 Phone \_\_\_\_\_ Relation to Attendee \_\_\_\_\_

Full name	nickname for badge	title	golf handicap	1st conference?	
1st Rep. _____	_____	_____	_____	yes	no
Spouse 1 _____	_____	_____	_____	yes	no
2nd Rep. _____	_____	_____	_____	yes	no
Spouse 2 _____	_____	_____	_____	yes	no

Event	Cost	1st Rep.	Spouse 1	2nd Rep.	Spouse 2
Member Registration Fee	\$400	\$		\$	
Late Fee (If after 3/23/07)	\$50	\$		\$	
Non-Member Registration Fee	\$1,500	\$		\$	
Spouse/Companion Registration (includes tour)	\$225		\$		\$
Spouse/Companion Tour (4/30/07) (no charge)	Check box if attending				
Scramble Golf Tournament (5/1/07)	\$165	\$	\$	\$	\$
Annual Banquet (5/1/07)	Check box if attending				
Fees Due for Each Attendee		\$	\$	\$	\$
<b>TOTAL AMOUNT DUE:</b>	<b>\$</b>				

**Register early and save \$50!**

**Payment:**  Check (payable to AVDA)  VISA  MasterCard  American Express  
 Card # \_\_\_\_\_ Cardholder Name \_\_\_\_\_  
 Cardholder Address (if different from above) \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**REGISTRATION DEADLINE: MAR.23,2007**

**ALL REGISTRATIONS RECEIVED AFTER MARCH 23 WILL BE CHARGED AN EXTRA \$50 PER REGISTRANT.**

**Registration Fees:** The registration fee covers all business sessions, conference materials and scheduled meal functions.

**Cancellation Policy:** All cancellations must be in writing. No refunds will be made after April 2, 2007 Cancellations prior to April 2 will be charged a \$50 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