



AVDA 2003 Annual Conference • April 27-April 30, 2003
Westin River Walk Hotel • San Antonio, Texas

Please type or print information as you want it to appear on your badge:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

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

Phone: _____ Relation to Attendee: _____

	Full Name	Nickname for Badge	Title	Golf handicap	1st Conference?
Rep:	_____	_____	_____	_____	Yes No
Spouse/ Companion	_____	_____	_____	_____	Yes No

EVENT	COST	Representative	Spouse/Companion	
Member Registration Fee	\$360			
Member Late Registration Fee if after 3/26/03	\$395			
Non Member Registration Fee	\$560			
Non Member Registration Fee if after 3/26/03	\$595			
Spouse/Companion Registration (includes tour fee)	\$225			
Spouse/Companion Registration Fee if after 3/26/03	\$249			
Optional Golf Tournament	\$140			
Spouse/Companion By Land, Sea & Foot Tour—no				
Annual Banquet—check box if attending				
FEES DUE for EACH ATTENDEE		\$	\$	
TOTAL AMOUNT DUE				\$

**Registration Deadline:
March 26, 2003**

Payment must accompany form

METHOD OF PAYMENT:

- check (payable to AVDA)
 VISA
 MasterCard
 American Express

_____ Credit card number

_____ exp. date

_____ Cardholder name (print)

_____ Cardholder address if different from company

_____ Signature

MEMBER REGISTRATION FEES

Member Registration \$360

Registration covers all business sessions, conference materials and scheduled meal functions.

IMPORTANT NOTICE



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

CANCELLATION POLICY

All cancellations must be in writing. No refund will be made after April 18, 2003 or upon failure to attend conference. Cancellation prior to April 18, 2003 will be charged a \$50 administrative fee.

All Registrations received after March 26, 2003 will be charged an extra \$35 per registrant. *Please photocopy this form for additional registrants.*

■ Return this form with payment to: AVDA ■ 2105 Laurel Bush Rd. Suite 200 ■ Bel Air, MD 21015 ■ Fax: (443) 640-1031 ■