REGISTRATION FORM

You can also register online at www.vaco.org.







REGISTRANT INFORMATION — Additional registrants may be added on the back of this form. PLEASE TYPE OR PRINT CLEARLY.

NAME					
JOB TITLE (Required)		COUNTY OR ORGANIZATION			
MAILING ADDRESS					
СІТУ		STATE		ZIP	
PHONE			EMAIL		
SUMMIT REGISTRATI	ON	STEP 3	FEES AND PAY	MENT	_
Regular (Aug	Late Fee ust 7 & After at the door)	TEP	TAL REGISTRATION FEE		\$
VACo Member - \$40	\$50	PAYMENT INFORMATION			ON
Non-member - \$50	\$60	CHECK ENCLOSED - Make payable to: VACo			
ECIAL DIETARY REQUEST		(CREDIT CARD PAYMENTS:		,
) Vegetarian		-	Credit Card Number		/ EXP: MM/YR
Gluten-free Peanut Allergy		-	Name on Credit Card (pleas	e print)	
Other		-	Authorized Signature		
NSORSHIP			Email address for credit car	rd receipt	
OPPORTUNITIES are available at www.vaco.org or call 804.788.6652			tions? Call VACo at 804.		l
		MAIL:	Virginia Association of Countie 1207 E. Main Street, Suite 300 Richmond, VA 23219		Contact VACo if you have a disability requiring special provior services.

HOTEL RESERVATIONS & LOCATION



555 E. Canal Street Richmond, VA 23219 804.788.0900

RICHMOND DOWNTOWN

CUT-OFF DATE FOR VACo ROOM BLOCK IS JULY 25th

Online Room Reservations Page



Deadlines and Refund Information

Please return completed form to VACo by August 6, 2019.

REFUND POLICY: Requests for registration refunds are honored if received by August 6. Substitutions can be accepted at no additional cost.

Photo/Video Policy

FAX: 804.788.0083



By registering for the County Officials' Summit, you acknowledge and agree to grant Virginia Association of Counties the right to record, film and photograph your likeness in its media, marketing, promotional and educational efforts. You also acknowledge and agree to grant Virginia Association of Counties the right to include your contact information on an event attendee list made available to other event attendees and sponsors.