

# summit registration



Richmond Marriott West  
August 14<sup>th</sup>, 2014

Registration Fee - \$60

.....  
*First name*

*Last name*

*Title*

*County / Organization / Company*

*Street address*

*Street address line 2*

*City*

*State*

*Zip code*

*E-mail address*

(For confirmation/receipt)

## Additional attendees

*Name*

*Name*

## Payment Information

*My check is enclosed*

*Paying by credit card*

.....  
*Credit Card*

*Credit Card Type*

*VISA*

*AMX*

*MasterCard*

*Discover*

*Month*

*Year*

*Card Holder's Name*

*Authorized Signature*

**Deadline:** Please return to VACo with payment by Aug. 8, 2014. Refund Policy: Requests for registration refunds are honored if received by August 4, 2014. Substitutions can be accepted at any time.

**FAX: 804.788.0083**

**Virginia Association of Counties**

**1207 E. Main Street, Suite 300**

**Richmond, VA 23219 Ph. 804.788.6652**

