

# 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

