



2020 VACo VML VAPDC Local Government Legislative Day FEBRUARY 6

Omni Richmond Hotel | 100 S 12th Street | Richmond, VA 23219

VACo-VML-VAPDC invites local government officials to **VACo-VML-VAPDC Local Government Legislative Day on Thursday, February 6, 2020** at the **Omni Richmond Hotel**. Keynoting the event will be Governor Northam (invited). Advocates representing the state associations will report on legislation affecting local governments; then local government officials are encouraged to go to the Capitol to participate in committee meetings and lobby state legislators. In the evening, officials are strongly encouraged to invite their state legislators to the VACo-VML-VAPDC reception.

Officials who need to stay overnight at the **Omni Richmond Hotel** can get a special room rate of \$162. For reservations, call 804.344.7000 **by January 17, 2020** with the following code: **Local Government Legislative Day** or reserve a room at this [Omni Richmond Hotel link](#).

REFUND POLICY: Requests for registration refunds are honored if received by **January 24, 2020**. Substitutions are accepted at any time. For more information, call VACo at 804.788.6652.

REGISTRATION FEES - **Deadline is January 24th**

Circle One	Until Jan. 24	LATE (Jan. 25 and after & at the door)
A. DAY BRIEFINGS ONLY	\$ 50 PER PERSON	\$ 60
B. RECEPTION ONLY	\$ 70 PER PERSON	\$ 80
C. DAY BRIEFINGS <i>and</i> RECEPTION	\$115 PER PERSON	\$ 135

AGENDA

9 AM	Respective Board of Directors Meetings
11:00 AM	Registration
11:30 AM	Lunch
12 NOON	Program
Afternoon	Visit Capitol and lobby legislators
5:30 PM	Reception

REGISTRATION

The following people will attend on **February 6, 2020**. Accompanying this form is a check for the total amount due or a charge authorization.

Name _____ Title _____ Total: \$ _____

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Mailing Address _____

Organization (County/City/Town/Company) _____

Phone _____ Email _____

Special Accommodations _____ Vegetarian lunch? _____

Charge Options: ___ VISA ___ MasterCard ___ AMX ___ Discover EXP. DATE ____ / ____

TOTAL TO BE CHARGED: _____ CARD NUMBER: _____

NAME ON CARD: _____

SIGNATURE: _____

EMAIL FOR CREDIT CARD RECEIPT: _____

