# **REGISTRATION FORM**

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





# **REGISTRANT INFORMATION**

NAME		
JOB TITLE (Required)	uired) COU	
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	
SUMMIT REGISTRATION	FEES AND PA	YMENT
	TOTAL REGISTRATION FE	E\$
Registration Fee	DAVMENT INE	
<b>\$125</b>	PAYMENT INF	ORMATION
Ψ123	CHECK ENCLOSED - Ma	ake payable to: <b>VACo</b>
CIAL DIETARY REQUEST	CREDIT CARD PAYMENTS:	
Vegetarian	Credit Card Number	/
Gluten-free Peanut Allergy	Name on Credit Card (please print)	
Other	Authorized Signature	
NSORSHIP	Email address for credit of	card receint
EVENT SPONSORSHIP OPPORTUNITIES	Questions? Call VACo at 80	·
are available at www.vaco.org or call	MAIL: Virginia Association of Coun 1207 E. Main Street, Suite 3	

# HOTEL RESERVATIONS & LOCATION



12042 West Broad Street Richmond, VA 23233 804.364.3600

CUT-OFF DATE FOR VACo ROOM BLOCK IS JULY 29th

\*\*\*Online Room Reservations Page\*\*\*



# **Deadlines and Refund Information**

 $Please\ return\ completed\ form\ to\ VACo\ by\ August\ 10,2021.$ 

REFUND POLICY: Requests for registration refunds are honored if received by August 10. 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.