

Registration Form - 2010 Fall Symposium

September 23 & 24, 2010 Luray, Virginia

Name _____ Email _____
Title _____ Badge Name _____
Organization _____
Phone _____
Address _____

AICP Member Yes No

Registration Fee (APA Virginia Members): \$55.00

Registration Fee (non APA Virginia Members): \$65.00

Mobile Tour Yes No

I WILL NEED A VEGETARIAN LUNCH ON THURSDAY

DIETARY RESTRICTIONS: SPECIAL DIET/FOOD ALLEGIES: (Please list) _____

Check to APA Virginia enclosed _____ Bill to VISA/Master Card/Discover _____

Card Number _____ exp. Date _____

Signature _____

Please make checks payable to APA Virginia and enclose a separate form for each registrant.

CANCELLATIONS AND REFUNDS: Full refunds for registration are available up to September 10, 2010. You may also substitute a different person in your place.

RETURN THIS FORM AND MAIL PAYMENT TO: APA Virginia, 2231 Oak Bay Lane, Richmond, Virginia 23233

Or Fax to (804) 754-0801 Questions? Call the APA Virginia Office at (804) 754-4120

Online registration is available at www.apavirginia.org