

AVDA REGISTRATION FORM

AVDA 2012 Annual Conference | April 29 - May 1 | Hyatt Regency Tamaya Resort | Santa Ana Pueblo, New Mexico

PLEASE TYPE OR PRINT information as you want it to appear on your badge. Please photocopy form for additional registrants. Payment must accompany this form!

Company _____
 Address _____ Country _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____
 Person to contact in case of emergency during meeting (Name) _____
 Phone _____ Relation to Attendee _____

Rep full name:	nickname:	1st conference? <input type="checkbox"/> yes <input type="checkbox"/> no
Rep title:	Rep e-mail:	
Spouse full name:	nickname:	1st conference? <input type="checkbox"/> yes <input type="checkbox"/> no

SPONSOR
HERE

SPONSOR REGISTRATION (check box):

Grand Sponsor \$15,000

Five Star Sponsor \$10,000

Four Star Sponsor \$7,500

Three Star Sponsor \$5,000

Two Star Sponsor \$2,500

One Star Sponsor \$1,500

Golf Hole Sponsor \$150 **NEW!**

Sponsorship Total \$ _____

Event	Cost	Rep.	Spouse
Member Registration Fee	\$450	\$	
Late Fee (If after 3/28/12)	\$50	\$	
Non-Member Registration Fee	\$1,500	\$	
Spouse/Companion Registration (includes tour)	\$225		\$
Spouse/Companion Tour (4/30/12) (no charge)	Check box if attending		
Horseback Riding (4/30/12) (optional)	\$75	\$	\$
Rio Grande Kayak Trip (5/1/12) (optional)	\$125	\$	\$
Scramble Golf Tournament (5/1/12) (optional)	\$200	\$	\$
Annual Banquet (5/1/12) (no charge)	Check box if attending		
Fees Due for Each Attendee		\$	\$
TOTAL AMOUNT DUE:	\$		

**Register
before March 28
to avoid \$50
late fee!**

ALL REGISTRATIONS RECEIVED AFTER MARCH 28, 2012 WILL BE CHARGED A \$50 LATE FEE.

Registration Fees: The registration fee covers all business sessions, conference materials, scheduled meal functions and receptions. Spouse registration is an additional charge.

Cancellation Policy: All cancellations must be in writing by March 28, 2012 and no refunds will be made after March 28, 2012. Cancellation prior to March 28 will be charged a \$100 administrative fee.

Important: If you have a disability or dietary need and require special accommodation in order to fully participate in this event, please check the box on the left. Attach a written description of needs. We can only provide access if we have prior knowledge.

RETURN THIS FORM with payment to AVDA at:
 2105 Laurel Bush Rd., Suite 200, Bel Air, MD 21015
 phone: 443-640-1040 • fax: 443-640-1086

EARLY REGISTRATION DEADLINE: MARCH 28

PAYMENT: Check (payable to AVDA)
 VISA MasterCard American Express

Card # _____
 Cardholder Name _____
 Cardholder Address (if different from above) _____

 Exp. Date _____
 Signature _____