

VHA National Collegiate Conference **2009 REGISTRATION FORM**

University of Tennessee | May 12-13, 2009 | Knoxville, Tennessee

Registrant Information

Company / Facility / School _____

Address _____

City / State / Zip _____

Phone / Fax _____

E-mail _____

Name of attendees as will appear on conference badges:

1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

4. _____ Title _____

5. _____ Title _____

Registration

Registration fees include all seminars, tours, receptions, and lunches.

Earlybird Registration (By March 23, 2009)

First Attendee \$500 x _____ = _____

Additional Attendee \$250 x _____ = _____

Registration (After March 23, 2009)

First Attendee \$550 x _____ = _____

Additional Attendee \$275 x _____ = _____

Registration deadline is April 14, 2009

Included with your registration is complimentary 2009 VHA membership (a \$300 value).

Includes up to 3 members per organization

Member Name. _____ Title _____ E-mail _____

Member Name. _____ Title _____ E-mail _____

Member Name. _____ Title _____ E-mail _____

Refund Policy

A refund of registration fees will be made less \$100 administration charge upon written request only if the request is received before April 1, 2009. No refunds will be issued for registration cancellations after this date.

Hotel Accommodations

The Hilton Knoxville is the host hotel for the 2009 VHA National Collegiate Conference. All attendees are responsible to make their own reservations. When making your reservations, be sure to mention the group code **NCC** to receive the special conference rate of \$99.99 per night. Make your reservations soon, as we fully expect our room block and the Hilton Knoxville to sell out.

To make hotel reservations call the Hilton Knoxville at 865-523-2300 (hotel) or 865-251-2578 (direct).

Attire

Dress is business casual. Don't forget to bring appropriate shoes for the facility tours.

Total Payment (Registration fees + VHA Memberships) = _____

Payment Method (check one)

Check (payable to Venue Hospitality Association) Visa MasterCard

Account number: _____ Expiration Date: _____ / _____

Signature: _____

To Submit Your Registration

Mail: Venue Hospitality Association
Attn: Hugh Latty
8146 Logan's Ridge Drive
West Chester, OH 45069

Phone: 513.777.1010
E-mail: vha@venuehospitality.com
Online: www.venuehospitality.com

