

Virginia Concrete Conference

March 8-9, 2012

Registration Form

Name:			
Nickname for Badge:		Job Title:	
Company:		District/Office:	
Office Address:		City, State, Zip:	
Phone:	Fax:	Email Address:	

Registration Fees

- \$25.00 Student/Universities \$50.00 VDOT/Government/Municipalities
 \$65.00 ACPA/ACI/PCAV & VRMCA Members \$85.00 Non-Member Industry

I plan to attend the following Breakout session and meal function(s):

- Pavement Breakout Session Bridge Breakout Session
 Thursday Evening Reception, March 8, 2012 Friday Continental Breakfast, March 9, 2012

- Enclosed is a check for \$_____. Please bill me. Charge to my CC.

NOTE: Recommended attire is business casual.

Exhibit Booth

- Sign me up for an Exhibit Booth space. \$350 (Member) \$500 (Non-Member)
 Yes, I will need electric hook-up for the booth. *The fee includes one complimentary registration. Display booths are limited, please fax the completed form today to (877) 204-2626 to reserve your booth space.*

Complimentary registration for: Name: _____.

- Please review the enclosed exhibit room layout and then indicate your first, second and third choice for booth placement. Please indicate any companies you do not want to be placed beside: _____.

1st Choice	2nd Choice	3rd Choice
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Door Prize Sponsorship

- I will donate the following prizes(s) for the Conference "Prize Drawing": _____
 I do not have a prize to donate, but I will donate \$_____ to be used to purchase Conference door prize(s).
 Enclosed is a check for \$_____. Please bill me. Charge to my CC.

(Please send prizes/checks to the Chapter Office by February 21, 2012 or bring them to the hotel on March 8, 2012.)

Deadline for registration is Tuesday, February 21, 2012.

Mail or Fax this form to: **ACPA, Mid-Atlantic Chapter**, 800 N. 3rd St., Suite 503, Harrisburg, PA 17102-2025
Phone: (717) 441-3506 Fax: (717) 441-3507 or (877) 204-2626 (Toll Free)



- Check Enclosed \$_____ . I will pay by credit card: VISA MasterCard Discover

Card # _____ Exp.Date: _____ / _____ 3-Digit Code: _____

Billing Street: _____ Billing City/State: _____ Billing Zip Code: _____

Signature: _____ Date: _____