

Virginia Concrete Conference

March 2-3, 2017

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 \$55.00 VDOT/Government/Municipalities
 \$75.00 ACPA/ACI/PCAV & VRMCA Members \$95.00 Non-Member Industry

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

- Pavement Breakout Session, March 3, 2017 Thursday Evening Reception, March 2, 2017
 Bridge Breakout Session, March 3, 2017 Friday Continental Breakfast, March 3, 2017

- 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. \$450 (Member) \$600 (Non-Member)
 Yes, I will need electric hook-up for the booth. *The fee includes one complimentary registration. Display booths are limited, please reserve your booth space today via fax (877) 731-7743 or email to sherryb@pavement.com.*

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 18, 2017 or bring them to the hotel on March 2, 2017.)

Deadline for registration is Thursday, February 18, 2017.

Mail, Email or Fax this form to: ACPA, Mid-Atlantic Chapter, 14527 Alpine Drive, Urbandale, IA 50323

Email: sherry@pavement.com Phone: (717) 475-9429 Fax: (877) 731-7743

Please Note: **No cancellation refunds** for any payments will be given after **February 22, 2017**.

- 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: _____

Cardholder Name: _____ Email: _____ Date: _____

