INVOICE/REGISTRATION

Destination Showcase
Washington, DC
February 25, 2010

Prefix/Name/Title:_____
Company:_____
Billing Address:_____
City, State, Zip:_____
Telephone:_____ Fax:_____
E-mail:_____

Participation Pricing	Partner Fees
Booth Share with VCB	$350
Brochure Distribution	$50

Registration and payment deadline: February 5, 2010
Registered participants will receive detailed information at a later date.

Please mail checks to:
St. Augustine, Ponte Vedra & The Beaches VCB
29 Old Mission Avenue
St. Augustine, FL 32084

Attention:
Completed form with required signatures and payment is necessary to confirm registration

Cancellation Policy
No refunds will be given for notification received within 60 days prior to show/event. All cancellations must be received in writing. I have read and understand
St. Augustine, Ponte Vedra & The Beaches VCB

_____ _____ _____
Signature/Title Company Name Date

CONTACT: Evelyn Vazquez/ 904-829-1711 Ext. 2011