INVOICE/REGISTRATION
2010 Springtime Expo
Meeting professionals from association, corporate and government sectors

**2010 Springtime Expo**
**Walter E. Washington Convention Center, Washington, DC**
**Thursday, May 27, 2010**

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

| Participation Pricing | Partner Fees |
|---|---|
| Booth Share with VCB | $500 |
| Brochure Distribution | $50 |

**Registration and payment deadline: March 12, 2010**
Registered participants will receive detailed information at a later date.

**Please make and mail check to:**
**St. Augustine, Ponte Vedra & The Beaches VCB**
**Attn: Evelyn**
**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.

_____ _____ _____
Signature/Title Company Name Date

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