ST. AUGUSTINE PONTE VEDRA
ON FLORIDA'S HISTORIC COAST

**INVOICE/REGISTRATION**

**Georgia Society of Association Executives**
**Luncheon Sponsorship**
**November 17, 2010**
**Marriott Gateway Atlanta Airport**

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

| Event | Partner Fees |
|---|---|
| **GSAE Luncheon Sponsorship, November 17, 2010** | **$350** |

**Registration and payment deadline: July 30, 2010**
Registered participants will receive detailed information at a later date.

To pay via credit card, please fill out and return entire form (faxed copies are acceptable) :

Credit Card Number: _____ Expiration: _____

3 digit code from back of card: (if applicable ) _____

Card Holder Printed Name: _____

Card Holder signature: _____ I authorize the amount of $_____ to be charged

**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**

**Payable by check to:**
**St. Augustine, Ponte Vedra & The Beaches VCB**
**Kristi Hansman**
**29 Old Mission Avenue**
**St. Augustine, FL 32084**

**Credit card charges may be faxed to:**
**904-829-6149 or e-mailed to:**
**KHansman@Getaway4Florida.com**

_____ _____ _____
Signature/Title Company Name Date

For additional information please contact Kristi Hansman, 904-209-4432 or KHansman@Getaway4Florida.com