



**ST. AUGUSTINE  
PONTE VEDRA**  
ON FLORIDA'S HISTORIC COAST

INVOICE/REGISTRATION  
Sales Mission  
Travel Agents

**AAA Sales Mission  
Florida's West & SE Coasts  
September 14-17, 2010 (3 nights & 4 days)**

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

Participation Pricing	Partner Fees
Sales Mission Participation	\$200
Brochure Distribution	\$50

**Registration and payment deadline: August 1, 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**

**If paying by check, please mail to:**  
**St. Augustine, Ponte Vedra & The Beaches VCB**  
**29 Old Mission Avenue**  
**St. Augustine, FL 32084**

**Credit card charges may be faxed to:**  
**904-829-6149 or e-mailed to:**  
[JVoorhees@getaway4florida.com](mailto:JVoorhees@getaway4florida.com)

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date