



"Motivate, Innovate,
and Integrate (MI2)"

2019 Symposium On-Site Registration

PLEASE COMPLETE ALL FIELDS AND BRING THIS FORM WITH YOU TO THE NEWPORT NEWS MARRIOTT FOR ON-SITE REGISTRATION. THANK YOU.

NAME: _____

BADGE NAME: _____

COMPANY & JOB TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: (_____) _____

FEES: _____ I am a current member of VEMA

_____ \$ 375 3 Day Registration (VEMA Members),
Includes Awards Dinner *if tickets are available*

_____ \$ 250 1 Day Registration (VEMA Members),
Wednesday Only

_____ \$ 225 1 Day Registration (VEMA Members),
Thursday Only
(Does not include Awards Dinner)

_____ \$ 200 1 Day Registration (VEMA Members),
Friday Only

_____ I am not a current member of VEMA

_____ \$ 475 3 Day Registration (Non-Members),
Includes Awards Dinner *if tickets are available*

_____ \$ 300 1 Day Registration (Non-Members),
Wednesday Only

_____ \$ 275 1 Day Registration (Non-Members),
Thursday Only
(Does not include Awards Dinner)

_____ \$ 250 1 Day Registration (Non-Members),
Friday Only

SPECIAL SERVICES, DIETARY CONCERNS, CERTIFICATES & CONTACT INFORMATION:

In accordance with the Americans with Disabilities Act, please advise if you require special services to fully participate.

Please advise if you have dietary restrictions, such as vegetarian / food allergy (list)/ other: _____

Do you need an attendance verification certificate emailed to you after the Symposium? Yes No

I give permission for my contact information to be shared with VEMS Vendors. Yes No

I am a first-time attendee. Yes No

VEMA CODE OF CONDUCT

By registering for the VEMA Symposium, I do hereby agree to conduct myself in an appropriate manner at all times and agree to abide by the VEMA Code of Conduct. If for any reason I fail to meet the standards as set forth under the VEMA Code of Conduct, I understand that I may be asked to leave the Symposium without refund as determined by the officers of VEMA. The VEMA Code of Conduct may be found on the VEMA website or by contacting the VEMA office at 804-643-0080.

\$ _____ TOTAL FEES

Payment by Check: Make checks payable to VEMA Check # _____ Amount \$ _____

Payment by Credit Card, please complete: __Mastercard __VISA __Discover __American Express

Name on card (print): _____

Card number: _____ exp date _____/_____
(required) (required) Security CVV Code: _____
(required)

Authorized to charge to credit card \$ _____ Signature (required): _____