



2023 Symposium Wait List Registration

March 20 – 23, 2023

Hotel Madison – Harrisonburg, VA

One Form Per Registrant

Please complete this form, leaving the payment section blank, and email to VEMA@vemaweb.org.

NAME: _____ BADGE NAME: _____
COMPANY: _____ JOB TITLE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ PHONE: (_____) _____

REGISTRATION OPTIONS:

- _____ \$ 340 **3 Day Registration**
Includes Wednesday Game Night
- _____ \$ 215 **1 Day Registration**
Tuesday Only
- _____ \$ 190 **1 Day Registration**
Wednesday Only (Does not include Game Night)
- _____ \$ 165 **1 Day Registration**
Thursday Only

Please let us know if you'll be joining us for Monday's Vendor Hall Grand Opening Reception (6:30 - 9:30 pm)

☐ Yes ☐ No

Wednesday Game Night Information

All three-day registrations include the Wednesday's Game Night at no additional cost (dinner is included). Please indicate if you will be attending or not.

☐ Yes ☐ No

If you would like to bring a guest to the dinner, additional tickets may be purchased below at \$75.00 each.

_____ \$ 75 **Wednesday Game Night Guest Ticket**

Guest Name: _____

Non Members – Add \$100 to your registration fee if you would like to join now, or add \$125 if you do not wish to join.

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?

☐ Yes ☐ No

I give my permission for my contact information to be shared with VEMS Vendors.

☐ Yes ☐ No

I agree to the VEMS Terms and Conditions listed on page 2. ☐ Yes ☐ No

Late FEE \$50 (Applies to all registrations after February 3, 2023)

\$ _____ **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 ____/____ Security CVV Code: _____
(required) (required)

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

TERMS AND CONDITIONS

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.

Additionally, you acknowledge that there is an unknown risk of exposure to COVID-19 through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You agree to release and hold harmless VEMA and VDEM, its employees, officers, and vendors from and against all claims of damages and liability resulting from exposure to COVID-19. Registrants/Attendees also warrant they are abiding by their state/locality laws regarding COVID-19 restrictions.

Refund Policy: All cancellations must be submitted in writing. Written cancellations can be emailed to VEMA@VEMAweb.org or mailed to VEMA, PO Box 29069, Henrico, VA 23242. Verbal cancellations will not be accepted. Cancellations received on or before February 3rd will be issued a full refund, by check. Refunds received February 4-28 will be assessed a \$30 administration fee. Full registration fees will be charged if written cancellation is not received by close of business on February 28, 2023.