



Conference Registration Form

October 3-5, 2010
 Hampton Roads Convention Center
 1610 Coliseum Drive, Hampton, VA 23666

Name _____

Nickname for Badge _____

Title _____ Telephone _____

Locality/Agency/Firm _____

Address _____

City, State & Zip _____

Name of Spouse (Attending) _____

(Spouse/guests must be registered to attend receptions and host locality night)

Basic Registration Fee (includes activities on Sunday, Monday and Tuesday, except for ticketed events listed below; partial registration fees are not available).

Please check appropriate registration fee:

Member	Non-Member	Spouse
<input type="checkbox"/> \$320	<input type="checkbox"/> \$430	<input type="checkbox"/> \$130

Ticketed Events (please check the events you wish to attend and note additional charges for each event):

VML Golf Tournament. (Sunday; limited to 60 players - \$35; golf form will be mailed upon receipt of tournament fees – The Woodlands Golf Course)

Name of golfer: _____

National Black Caucus of Local Elected Officials luncheon. (Monday - \$25)

Virginia Local Government Managers Association Luncheon. (Monday - \$25)

Prayer Breakfast. (Tuesday - \$20)

Women in Local Government Luncheon. (Tuesday - \$25)

<p>Optional Spouse Activities</p> <p><input type="checkbox"/> Cooking school. Lunch included. (Monday - \$30)</p> <p><input type="checkbox"/> Tea and etiquette. (Tuesday - \$15)</p>
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Total Registration Fees Due

\$ _____

Check enclosed (**check must be received within 30 days of registration**) **OR**

Purchase Order No. _____

We do not bill for registration fees. Please return completed form and purchase order or check payable to Virginia Municipal League, P.O. Box 12164, Richmond VA 23241. If this form is faxed, please do not mail. You may register on-site at the conference. For additional information call VML at 804/649-8471, Fax: 804/343-3758.

Deadline for registration refunds is Sept. 6, 2010. Refunds will not be given after this date. Please give notification of cancellations by fax or letter.



Room Reservation Form

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General Instructions

This form must be used to secure your housing accommodations for the Conference. All requests must be received in writing on this room reservation form. Each person requesting housing must submit a separate form. You may use a photocopy of this form if necessary. Please follow the instructions listed below to reserve your housing.

- Hotel rooms at the special VML rate **are only available to people registered** for the VML Annual Conference or the Mayor's Institute.
- A minimum 2 night stay is required** at the Embassy Suites. Hotel reservations will not be made until VML has verified that your conference registration fee has been paid.
- Use a separate form** for each housing reservation required. Photocopy this form, if necessary, to request housing for multiple registrants. **Couples need to only submit one form.**
- Reservations must be guaranteed by a major credit card. No checks will be accepted to guarantee room reservations.** The credit card will not be charged unless you fail to show up for your reserved room.
- Your housing confirmation will show the exact cost amount, including tax, of your reserved room. You may bring a check in this amount to the hotel with you to pay for your room if you do not wish to pay by credit card.**
- Deadline for reservations is August 27.** Requests received after that date will be handled on a space available basis with no guarantee that the special VML rate will be available.
- Deadline for cancellations of housing reservations without penalty is Tuesday, September 3, 2010.

**PLEASE PRINT CLEARLY
 AND ANSWER ALL QUESTIONS BELOW**

Last Name: _____ First Name: _____

Title: _____ Locality or Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Email CC to: _____

Indicate order of preference (1 or 2 or 3). Room reservations cannot be confirmed until VML Conference registration is paid.

Hotel & Address	Pref. #	No. of beds in room	No. of people in room	Daily Rates
Embassy Suites (<i>Rate includes breakfast</i>) 1700 Coliseum Drive, Hampton, VA 23666	1 or 2 or 3	1 or 2	1 or 2	\$174.02
Hampton Courtyard (<i>Breakfast NOT INCLUDED</i>) By Marriott - 1917 Coliseum Drive, Hampton, VA 23666	1 or 2 or 3	1 or 2	1 or 2	\$134.47
Holiday Inn Hampton (<i>Breakfast NOT INCLUDED</i>) 1815 West Mercury Blvd., Hampton, VA 23666	1 or 2 or 3	1 or 2	1 or 2	\$118.65

Arrival Date: _____ Departure Date: _____ Smoking Non Smoking

Please note any special disability accommodations needed _____

Guarantee my hotel reservation by: Visa Mastercard American Express Discover

Credit Card #: _____ Exp: _____

Name on Card: _____ Signature: _____

**Please return completed form to VML Housing Bureau, PO Box 241, Washington, VA 22747.
 Phone: (540) 675-3118 Fax: (540) 675-3176 Email: VML@brmg.com
 Confirmations will be emailed to the address(es) provided on your reservation form.**