



EASTERN SEMINAR | APRIL 20-21, 2010
VACATION RENTAL MANAGERS REGISTRATION

REGISTRANT INFORMATION

Organization: _____

Organization Web site: _____

First Registrant

Full Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Additional Registrant(s)

Number of Additional Registrants: _____

List contact information for all additional registrants on the opposite side of this form.

RATES

Early Registration Deadline March 31, 2010. Registration & payment must be received by this date to receive the lowest registration fees.

VRMA Members

First Registrant 1 X \$195 = \$ _____

Additional Registrant(s) # _____ X \$125 = \$ _____

Non-Members

First Registrant 1 X \$445 = \$ _____

Additional Registrant(s) # _____ X \$375 = \$ _____

NCVRMA Conference (April 22) # _____ X \$100 = \$ _____

PAYMENT

Registration Subtotal \$ _____

Late Fee (after March 31) # registrants _____ X \$75 = \$ _____

Full payment must be received with registration by March 31 to avoid late fees.

Total Payment Due \$ _____

Payment Options

Payments must be made in U.S. dollars drawn from a U.S. bank.

Check made payable to "VRMA" Credit Card (circle type): AmEx MC VS Disc

Name on card: _____

Card Number: _____

Expiration Date: _____ CVV Number: _____ Billing Zip Code: _____

Signature: _____

COMPLETE REGISTRATION AND PAYMENT SHOULD BE SENT TO:

Vacation Rental Managers Association | 9100 Purdue Road, Suite 200 | Indianapolis, IN 46268 | Fax: 317-454-8316
VRMA Federal Tax ID: 93-094-8165 **CANCELLATION POLICY:** Refunds, less a \$60 administrative fee, will be given for cancellations prior to March 20, 2010. No refunds will be granted after this date. All cancellations must be submitted in writing. **For additional information:** 317-454-8315 | vrma@vrma.com | www.VRMA.com

Save Paper, Register Online: www.VRMA.com

ADDITIONAL REGISTRANT(S)

Use additional paper as necessary to include all registrants.

SECOND REGISTRANT

Full Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

THIRD REGISTRANT

Full Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

FOURTH REGISTRANT

Full Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

FIFTH REGISTRANT

Full Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

SIXTH REGISTRANT

Full Name: _____ Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

REGISTRANT NEEDS

Please indicate special needs of any registrants (i.e., vegetarian, hearing-impaired, vision-impaired, etc.):

