



Registration Form

PARTICIPANT

Full Name

Name for Badge

Title

Organization

Mailing Address

City

Jurisdiction

Postal Code

Telephone

Fax

Email Address

Emergency Contact Name

Emergency Contact Telephone

GUEST 1

Guest 1 Full Name

Age (if child*)

Name for Badge

City

Jurisdiction

Postal Code

GUEST 2

Guest 2 Full Name

Age (if child*)

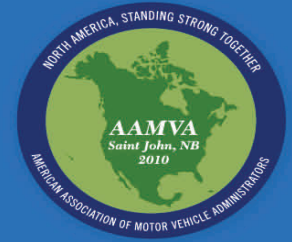
Name for Badge

City

Jurisdiction

Postal Code

*Child is under 18



Registration Form

MEMBER FEES

Participant Name:

- Jurisdiction, Federal Government, Associate Members.....\$600
(\$500 Early Bird)*
- Exhibitor Complimentary (full registration – one per booth).....\$0
- Exhibition Area Only Complimentary (two per booth).....\$0
(Upgrade to full registration \$300)
- Exhibition Area Only (per additional person)..... \$300
(Upgrade to full registration additional \$300)
- Sponsor Complimentary..... \$0

NONMEMBER FEES

- Nonmember..... \$1,000
(\$800 Early Bird)*
- Exhibitor Complimentary (full registration – one per booth).....\$0
- Exhibition Area Only Complimentary (two per booth).....\$0
(Upgrade to full registration \$500)
- Exhibition Area Only (per additional person)..... \$400
(Upgrade to full registration additional \$500)
- Sponsor Complimentary..... \$0

GUEST FEES

- Guest/Spouse/Companion..... \$400
(\$300 Early Bird)*
- Children under 18..... \$200

Total Due \$ _____

To be eligible for the Early Bird discount, full payment must be postmarked by July 30, 2010.

PARTICIPANT PAYMENT

- Check or money order enclosed
(Payable to AAMVA in U.S. Funds. Registrations paid in foreign currency will be invoiced for the difference) FEI #53-0172317
- Discover MasterCard Visa AMEX State/Provincial Voucher AAMVA Grant
- Name on Card _____
- Card Number _____
- Expiration Date _____
- Authorized Signature _____

GUEST PAYMENT

- Check or money order enclosed
(Payable to AAMVA in U.S. Funds. Registrations paid in foreign currency will be invoiced for the difference) FEI #53-0172317
- Discover MasterCard Visa AMEX State/Provincial Voucher AAMVA Grant
- Name on Card _____
- Card Number _____
- Expiration Date _____
- Authorized Signature _____

Return completed form and send payment to: **AAMVA, Lockbox #773200, 3200 Solutions Center, Chicago, IL 60677-3022.**
If paying by credit card, email form to events@aamva.org or fax to **(703) 908-5868**. Payment may be made in the form of check, credit card, money order or state/provincial voucher. Registrations received without payment will be invoiced upon receipt. Company vouchers or purchase orders are not accepted as payment. **To be eligible for the Early Bird discount, full payment must be postmarked by July 30, 2010.** All cancellations must be requested in writing and are subject to a \$25 processing fee. Cancellations received after July 30, 2010 or no-shows are nonrefundable.



Registration Form

Please circle P for participant and G for guest.

**SUNDAY
AUGUST 29**

Participant Name:				
Lunch in Exhibition Hall	P	G1	G2	G3
Chair's Welcome Reception	P	G1	G2	G3

**MONDAY
AUGUST 30**

Lunch in Exhibition Hall	P	G1	G2	G3
Guest Tour to St. Andrews		G1	G2	G3

**TUESDAY
AUGUST 31**

Past Presidents'/Chairs' Breakfast	P	G1	G2	G3
Awards Luncheon	P	G1	G2	G3
New Brunswick Provincial Reception/Silent Auction	P	G1	G2	G3
New Brunswick Provincial Banquet	P	G1	G2	G3