



RVAA 2009 Executive Conference
August 4-7, 2009
Chase Park Plaza, St. Louis, MO

RVAA Supplier Registration Form

Section 1: Company Information

Your Company Name: _____
Company Address (street): _____
Company Address (street): _____
City, State, Zip: _____
Company Phone Number: _____

Section 2: Primary Contact Information

(This individual will receive all confirmations & information related to conference 2009)

Name: _____
Telephone Number: _____
Email Address: _____

Section 3: Register Your Participants

(Costs per registrant: \$625 for first registrant, \$575 for each additional registrant registered prior to June 30, 2009. Add \$50 per participant for registrations received after June 30, 2009)

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

>> Total Fees Section 3: \$ _____

Section 4: Register for the 2009 Spouse/Guest Program

(Costs per registrant: \$400 per registrant prior to June 30, 2009. Add \$50 per participant for registrations received after June 30, 2009. For more information about the 2009 Spouse/Guest program, see page 5 of the Conference registration booklet)

Name: _____
Name: _____

>> Total Fees Section 4: \$ _____

Section 5: Register for RVAA's 2009 Golf Outing - August 4, 2009

(Costs per registrant: \$185 per golfer prior to June 30, 2009. Add \$50 per participant after this date. For more information on RVAA's 2009 golf outing, see page 4 of the Conference information booklet)

Golfer Name: _____ Handicap: _____
Golfer Name: _____ Handicap: _____
Golfer Name: _____ Handicap: _____
Golfer Name: _____ Handicap: _____
Golfer Name: _____ Handicap: _____
Golfer Name: _____ Handicap: _____

>> Need Rental Clubs? Yes _____ No _____
If yes – I need _____ sets of right-handed rental clubs and _____ sets of left-handed rental clubs. Please add \$45 for each set of rental clubs requested.

>> Total Fees Section 5: \$ _____

Section 6: Sponsor RVAA's 2009 Executive Conference

(In this section, sign up for an RVAA Conference Sponsorship. For more information on the benefits of individual sponsorship categories, see the RVAA Registration Booklet on page 6).

My company will sponsor at the following level:

- _____ RVAA **Diamond** Sponsor - Year Round RVAA AND Conference Sponsorship (\$2500)
- _____ **Platinum** Conference Sponsor : (\$1250)
- _____ **Principal** Conference Sponsor: (\$750)
- _____ **Key** Conference Sponsor: (\$350)

>> Total Fees Section 6: \$ _____

Section 7: Sponsor RVAA's 2009 Golf Outing

(In this section, sign up for an RVAA Golf Outing Sponsorship. Individual golf sponsorship categories are discussed on page 7 of the Registration Booklet)

- We will sponsor golf at the following level:
- _____ 19th Hole (\$500)
 - _____ Putting Contest (\$500).
 - _____ Golf Luncheon (\$500).
 - _____ Beat the Pro (\$500)
 - _____ Longest Drive (\$500)
 - _____ Hole Sponsor (\$300).

>> Total Fees Section 7: \$ _____

Section 8: Hotel Room Registration

(For more information on rooms at the Chase Park Plaza, see page 4 of the registration booklet). All rooms are suites and are available at the group rate of \$175 per night plus hotel taxes. (please note, this group rate is for a MINIMUM 3-Night Stay - if you are staying less than three nights, the room rate reverts to the Chase Park's standard suite rate of \$289 per night plus tax). List the FIRST AND LAST NAME of the individual who will be responsible for the room, followed by the number staying in the room as well as arrival and departure date. Please note each line represents ONE ROOM being held under your name and the credit card utilized in Section 9 below.

Name to hold room _____ # in room _____ Arrive date _____ depart _____

Name to hold room _____ # in room _____ Arrive date _____ depart _____
 Name to hold room _____ # in room _____ Arrive date _____ depart _____
 Name to hold room _____ # in room _____ Arrive date _____ depart _____

>> APPOINTMENT SESSION ROOM: Which of the above rooms would you like placed on the supplier blocked floor for your appointment sessions? Your appointment session room is under the following name above: _____

Section 9: Credit Card for Room Hold

(Please list a Mastercard or VISA card to guarantee your room reservation)

Name on Card _____
 Card # _____
 Expiration Date _____

Section 10: Table and Chair Rental

(Complete this section to rent additional tables and chairs for your appointment session room).

_____ Sets of 2 Chairs (\$40 rental per set of chairs)
 _____ Sets of 1 6-foot table (\$40 rental per table)

>> Total Fees Section 11: \$ _____

Section 11: E-Mail Addresses

(Please list email addresses for all individuals registered in Section 2 above)

Name (s) _____	E-Mail Address _____
Name (s) _____	E-Mail Address _____
Name (s) _____	E-Mail Address _____
Name (s) _____	E-Mail Address _____
Name (s) _____	E-Mail Address _____
Name (s) _____	E-Mail Address _____
Name (s) _____	E-Mail Address _____
Name (s) _____	E-Mail Address _____

Section 12: Registration Fees Calculation

> Section 3: Register Your Participants Subtotal	\$ _____
> Section 4: Register for Spouse/Guest program Subtotal	\$ _____
> Section 5: Register for the Golf Outing Subtotal	\$ _____
> Section 6: Conference Sponsorship Subtotal	\$ _____
> Section 7: Golf Outing Sponsorship Subtotal	\$ _____
> Section 10: Table/Chair Rental Subtotal	\$ _____

TOTAL REGISTRATION FEES \$ _____

Section 13: Payment Information

_____ *I am enclosing a check with this application.*
 _____ *I would like to use the same credit card listed in Section 10 for all registration fees.*
 _____ *I would like to use this separate Mastercard or VISA for registration fees:*
 Name on Card: _____
 Card Number: _____
 Expiration Date: _____

Signature: _____

Returning Registration Form to RVAA:

- >> Return via email (PREFERRED): you may complete this as a Microsoft word document and email to RVAA at karl@rvaahq.com. Please pay with a credit card on the form or send check for payment within 7 days following your email.
- >> Return via FAX: complete this printed out registration form and fax to RVAA at 717.541.5487. Please pay with a credit card on the form or send check For payment within 7 days following your FAX.
- >> Return via US Mail: complete this printed out registration form and mail to: RVAA, 54 Westerly Road, Camp Hill, PA 17011. Please enclose check With your registration form or have credit card payment information Completed on the form.

Special Note:

Completing Your Appointment Request Form

Your Prescheduling Appointment Request Form follows on page 5 of this General Registration document. This document MUST be returned to RVAA with your preschedule requests by June 22, 2009. You do not need to send this preschedule request form at the same time as you send the above General Registration information. Please note, room and appointment requests are granted based on the order with which paid registration forms are received at RVAA, so please take the time to complete the above information and send back with your payment as soon as possible. Your pre-appointment request form can be received at RVAA as late as June 22. For more information on your Pre-schedule request form, please see the Conference Registration booklet on page 12.



RVAA Conference 2009 Prescheduling Request Form

Use this form to request prescheduled appointments during RVAA's 2009 Executive Conference. You may request up to 20 prescheduled appointments with individual RVAA member distributors. You may request 20 minute, 40 minute or 60 minute appointments. To request longer than a 20-minute appointment, simply write that distributor's name again in the space below your original request for a 40-minute appointment, or in two spaces below for a 60-minute request. Use the RVAA "Member List" Section of the attached Registration Booklet to choose your distributor appointment requests and rank them in order of preference. This form must be received at the RVAA office no later than June 22, 2009. Please note that appointments are granted on a double-match system: the requested distributor must have also requested an appointment with your company to be granted the appointment. Other factors including timing of receipt of paid registration are essential in circumstances where conflicts in double-matched appointments arise, so please return your General Registration information above as soon as possible. Your matched prescheules including all appointments which have pre-double-matched on your appointment schedule will be emailed to all RVAA members on Monday, June 25, 2009.

Company Name: _____

My requested meetings (list name of company in order of preference):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Please return to RVAA via email (if you have completed your requests on this Word Document) to karl@rvaahq.com; via FAX to 717.541.5487, or mail to RVAA to: RVAA, 54 Westerly Road, Camp Hill, PA 17011.