

2012 ANNUAL CONFERENCE

February 12-14, 2012



FAX: 304-346-0592

PHONE: 304-346-0591

County _____ Title/Office _____

Name _____

Address _____

Email _____ Phone _____ Fax _____

Spouse/Guest(s) _____

REGISTRATION:

\$195 County Attendee

BILL MY COUNTY PAY AT DOOR PREPAY-MAIL CHECK/PAYPAL

\$40 per Guest

PAY AT DOOR CHECK ENCLOSED

ADDITIONAL INFORMATION _____

FOR ROOM RESERVATIONS:

Embassy Suites \$119 Marriott \$109

Name on Room Reservation _____

Date: Check In Date _____ Check Out Date _____ # of Nights _____

Room Type: 1 King ____ 2 Doubles ____ Smoking Requested (Embassy Only) _____

Special Needs/Requests: _____

MUST INCLUDE TO RESERVE ROOM:

Letter of Credit Credit Card

Credit Card Type _____ Credit Card # _____ Exp. Date _____

▶ **PLEASE FAX YOUR TAX EXEMPT FORM. IT WILL BE REQUIRED TO HAVE TAX EXEMPT STATUS.**

ALL RESERVATIONS MUST BE CANCELLED THRU THE WVACO