



CVSN 2007 ANNUAL MEETING – SUPPLIER REGISTRATION FORM

<p style="color: red; margin: 0;">Mail Registration Form by AUGUST 10th, 2007 to: CVSN 5121 Bowden Road, Suite 303 Jacksonville, FL 32216</p>	<p style="color: red; margin: 0;">Or Fax Registration Form by AUGUST 10th, 2007 to: (904) 636-9881 For more meeting information, call: (904) 737-2900 or go to www.cvsn.org</p>
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COMPANY INFORMATION (Please print or type)

Company Name: _____ Submitted by: _____ E-Mail: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Please register the following: (One Person Per Line)

Name (s): List names as they should appear on badges. Copy form if more space is needed. Please put a check mark (✓) under the activities you wish to participate in.	Badge Nickname	Job Title	Sunday Welcome Reception and Dinner <i>This night we Celebrate The Neighborhoods of Charm City</i> (Dress Upscale Casual) ✓	Monday Spouses Program Baltimore Orientation and then you are on your own to do as much or as little as you want. Enjoy Baltimore!! (Dress Casual) ✓	Tuesday Afternoon Tour A Historic Trip to Annapolis & The US Naval Academy Will include lunch at The Rockfish restaurant on the famous restaurant row. (Dress Casual & Comfortable) ✓	Tuesday Afternoon Golf "Tenneco Cup" Golf Tournament at the Mountain Branch Golf Course, one of the newest and most challenging courses in the Baltimore area. (Proper golf attire & soft spikes) HDCP Rentals LH / RH	Wednesday Closing Night Reception, Dinner, Awards & Dance. <u>Dress:</u> Ladies: Dresses Men: Coat & Tie ✓
1/							
2/							
3/							
4/							
5/							
6/							

PAYMENT INFORMATION: Make all checks payable to CVSN in U.S. funds only. *Fees include participation in all events, receptions and meals.*

ONE MANUFACTURER ATTENDEE FEE IS COMPLIMENTARY 1 X

(Applies only to companies who attended the April meeting in KC and paid the Full Corporate Meeting Fees)

NO CHARGE

Additional Personal Registration Fee (s) – Number of Attendees _____ X \$500.00 each \$ _____

Spouse Fee (s) – Number of spouses _____ X \$100.00 each \$ _____

Total Enclosed \$ _____

CANCELLATION/REFUND POLICY: *Personal Registration Fees*
Full refund until August 30, 2007
Service charge of \$175 WILL APPLY to cancellations after August 30, 2007