

**Registration Form For The
VEA Compensation Conference**

**Omni Charlottesville Hotel
235 W. Main Street
Charlottesville, VA 22902**

Tuesday, July 14 and Wednesday, July 15, 2009

Please Circle

Name **Mr. Ms.** _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone: School _____ Home _____

Local Association _____

Position in Local Association for the 2009-10 Membership Year:

I will be attending the:

Teacher Track or **Educational Support Professional (ESP) Track**

I will need a room reservation for Tuesday, July 14, 2009

Double Room – NO COST to participant

Single Room – PARTICIPANT COST \$55 (Please include a check in the amount of \$55 with the registration form made payable to the VEA.)

Do you need any special accommodations i.e. Dietary/Housing?

When the VEA receives the names of the participants, we will send each participant housing information.

**Please complete and return this registration form on or before
Friday, May 29 to:**

**Renee J. Hancock
Virginia Education Association
116 South Third Street
Richmond, VA 23219
(804) 648-5801
FAX (804) 775-8379**