

# 2017 Business Planning Retreat

## Canton Registration

Fax Registration to 330-966-7211 or  
Email to jjones@violand.com

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Attendee	#1	#2	#3	#4
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
E-mail	_____	_____	_____	_____
	@	_____	_____	_____
IICRC Member Number	_____	_____	_____	_____

**Location:** Check the dates you will be attending:

Oct. 25-27

(0-3 yrs. of VMA Business Planning)

Oct. 26-27

(4+ yrs. of VMA Business Planning)

[Optional] Oct. 25

**Fees:** Company fee **\$1995** (Covers up to four attendees from the same company) →

\$ 1995

**Additional Charges:** \$300 per attendee **over four** from the same company →

\$300 x \_\_\_ = \$ \_\_\_\_\_

**Payment Options:**

**Total Due:** \$ \_\_\_\_\_

Option A: I will pay the total in full along with the registration.

Option B: I will pay a deposit of \$495 now and understand the remaining balance will be charged to my credit card or withdrawn from my checking/savings account on October 3, 2017.

Check enclosed (U.S. funds) payable to **Violand Management Associates, LLC**

Automatic withdrawal from:  Checking  Savings Withdrawal Amount: \$ \_\_\_\_\_

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ 9-digit Bank Routing #: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Charge \$ \_\_\_\_\_ to:  Visa  MasterCard  AmEx  Discover

Account # \_\_\_\_\_ Expiration: Mo. \_\_\_\_ / Year \_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Address (with ZIP) where you receive your credit card statement: (If same as above, check here: )

**Cancellation Policy:** Cancellations received **prior to October 2, 2017** will receive a refund of the amount paid. No refunds can be made on or after October 2, 2017.



# 2017 Business Planning Retreat

## Captiva Island Registration

Fax Registration to 330-966-7211 or  
Email to jjones@violand.com

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Attendee	#1	#2	#3	#4
First Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
E-mail	_____	_____	_____	_____
	@	_____	_____	_____
IICRC Member Number	_____	_____	_____	_____

**Location:** Check the dates you will be attending:

Nov. 6-8

(0-3 yrs. VMA business planning)

Nov. 9-11

(4+ yrs. VMA business planning)

**Fees:** Company fee **\$1995** (Covers up to four attendees from the same company) →

\$ 1995

**Additional Charges:** \$300 per attendee **over four** from the same company →

\$300 x \_\_\_ = \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

**Payment Options:**

Option A: I will pay the total in full along with the registration.

Option B: I will pay a deposit of \$495 now and understand the remaining balance will be charged to my credit card or withdrawn from my checking/savings account on October 3, 2017.

Check enclosed (U.S. funds) payable to **Violand Management Associates, LLC**

Automatic withdrawal from:  Checking  Savings Withdrawal Amount: \$ \_\_\_\_\_

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ 9-digit Bank Routing #: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Charge \$ \_\_\_\_\_ to:  Visa  MasterCard  AmEx  Discover

Account # \_\_\_\_\_ Expiration: Mo. \_\_\_\_ / Year \_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Address (with ZIP) where you receive your credit card statement: If same as above, check here:

**Cancellation Policy:** Cancellations received **prior to October 2, 2017** will receive a refund of the amount paid. No refunds can be made on or after October 2, 2017.

