

2018 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. 24-26 (0-3 yrs. of VMA Business Planning)
 Oct. 25-26 (4+ yrs. of VMA Business Planning)
 [Optional] Oct. 24 (4+ yrs. of 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 ___ = \$ _____

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 Option B: I will pay a deposit of \$495 now and understand the remaining balance will be charged to my credit card or withdrawn from my checking/savings account on October 2, 2018.

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 1, 2018** will receive a refund of the amount paid. No refunds can be made on or after October 1, 2018.



2018 Business Planning Retreat

Captiva Island Registration

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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. 5-7

(0-3 yrs. VMA business planning)

Nov. 8-10

(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: \$ _____

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Name on Account: _____ Bank Name: _____

Account #: _____ 9-digit Bank Routing #: _____

Signature: _____ Today's Date: _____

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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:

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