# 2005 PACVB FALL CONFERENCE REGISTRATION FORM

## A. Contact Information

First Name _____ Last Name _____

Title _____

Name for Badge _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

***Please complete one registration form for each attendee.***

## B. Registration Fees

| | # OF REGISTRANTS | COST | SUB TOTAL |
|---|---|---|---|
| ❑ Full Conference - Regular Member | _____ | $275.00 | _____ |
| ❑ Full Conference - Affiliate Member | _____ | $275.00 | _____ |
| ❑ Full Conference - Non-Member Affiliate (Includes Required $110 membership fee) | _____ | $385.00 | _____ |
| ❑ Full Conference - Exhibitor (required) | _____ | $230.00 | _____ |
| ❑ Booth Fee - Exhibitor | _____ | $250.00 | _____ |
| ❑ Electricity and/or High Speed Internet | _____ | $ 25.00 | _____ |
| ❑ Additional Attendees (from same business) | _____ | $230.00 | _____ |
| | | TOTAL | |

***Online registration available at www.pacvb.org***

## C. Payment Information

Registration Deadline: September 9, 2005

PACVB will refund your full registration fee only if cancelled by Thursday, August 25.

**METHOD OF PAYMENT:** ☐ Check or Money Order *(payable to PACVB)*

☐ American Express ☐ VISA ☐ MasterCard ☐ Discover

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Credit Card Account Number — Expiration Date

Cardholder's Signature _____

Cardholder's Billing Address if different from above _____

_____

## D. Hotel Information

Preferred rates have been secured at the following hotel:

**The Penn Stater Conference Center Hotel**
215 Innovation Boulevard
State College, PA 16803

**Cut Off Date:**
**August 25,2005**

**Rates**

SIngle/Double: $79, Triple: $89, Quad: $99

***Please call 1(800) 233-7505 and reference PAA0926 for reservations.***

## E. Attire

The Workshop attire will be business casual.

***Return completed registration form to:***


***Pennsylvania Association of Convention & Visitors Bureaus***
***128 Locust Street, Lower Level***
***Harrisburg, PA 17101***

***FAX: 717-901-4055***


***Please indicate which sessions/events you will be attending by checking appropriate boxes below.***

### MONDAY, SEPT. 26

☐ PA Tourism Office Orientation for New TPA Directors & Staff

**or** ☐ PACVB Board Meeting

☐ Welcome Reception

### TUESDAY, SEPT. 27

☐ Breakfast (Buffet in The Gardens Restaurant)

**Morning Sessions**

☐ "Making the Case for State Funding"

☐ "Fam Tour 101"

☐ Lunch & Keynote: "Building an Effective State CVB Association"

**Afternoon Sessions**

☐ "Technology & Tourism"

☐ General Membership Meeting

**Evening**

☐ 50's Doo Wop Party TravelPAC Fundraiser
(Seperate Registration Required)

### WEDNESDAY, SEPT. 28

☐ Breakfast (Buffet in The Gardens Restaurant)

**Morning Sessions**

☐ PA Tourism Office Presentation

**Lunch**

☐ Buffet Lunch - Seated

**or**

☐ On-the-Road Box Lunch