

DEALER EDUCATION SUMMIT & EXPO 2020

REGISTRATION FORM

ATTENDEES

Company _____

Primary Contact _____ Email _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Cell _____

Attendee: _____

Attendee: _____

Attendee: _____

PAYMENT INFORMATION [MEMBERS: \$129 PER PERSON; NON-MEMBERS: \$169 PER PERSON]

Registration includes two breaks, lunch, and the opportunity to network with 20 exhibitors.

TOTAL AMOUNT \$ _____

Check Enclosed (Payable to VIADA) Mail to: VIADA, 4700 Thoroughgood Square, Virginia Beach, VA 23455-4043

Credit Card VISA MasterCard Discover American Express

If paying by credit card, call VIADA at (800) 394-1960 or fax this form to (757) 299-6331.

Card No. _____ Expiration _____

V-Code _____ CC Billing Zip Code _____

Signature _____

REFUND/CANCELLATION POLICY

Attendee substitutions may be made with no charge through Tuesday, March 31, 2020.

A \$50 cancellation fee will be applied to cancellations made BEFORE Monday, April 6, 2020.

No refunds for no-shows or cancellations ON / AFTER Monday, April 6, 2020.

All refunds will be sent via check after Dealer Education Summit & Expo.

PHOTO/VIDEO RELEASE: By registering for Dealer Education Summit & Expo, I hereby grant permission for the VIADA to use any and all photographic imagery and video footage taken of me at this event without payment of any royalties or any other consideration. I understand that the VIADA retains all ownership interest in such materials, which may be published electronically or in print, or used in presentations or exhibitions. I consent to publication and use of such materials and release the VIADA, its employees, agents and representatives from all liability related to their use.

HOTEL RESERVATIONS:

Holiday Inn & Conference Center: 20 Sanford Drive, Fredericksburg, VA 22406

Reservations: 540-368-8000 or Holiday Inn reservations at 1-800-HOLIDAY

Refer to group code: VIA (Room rate: \$99.00 per night, plus 10.3% tax)



VIRGINIA AUTOMOBILE INDEPENDENT DEALERS ASSOCIATION

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