



Virginia Energy Symposium Registration Form

Name: _____

Title: _____

Company Name: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

Email: _____

Billing Address: _____
(if different than above)

Registration Type

(please mark appropriate box)

Registration

Individual Registrant..... \$99

Symposium Sponsorship Levels

Platinum..... \$5,000 (5 registrants)

Gold..... \$3,000 (3 registrants)

Silver..... \$2,000 (2 registrants)

Bronze..... \$1,000 (1 registrant)

Break Sponsorship Levels

Break..... \$500.00 (1 registrant)

Lunch..... \$2,000 (2 registrants)

Payment Type

Check | Credit Card #: _____

Invoice | Expiration Date: ____ / ____ CV2 / PIN #: _____

Credit Card | Name as shown on card: _____

Please complete and fax the form to the VMA by May 15th

Fax: (804) 780-3853

Mailing Address: P.O. Box 412

Richmond, VA 23218