

## Meeting Registration Form 42<sup>nd</sup> Annual APA Fall Meeting October 10 – 13, 2024



| Com   | pany Name        |   |                       | Phone                 |  |            |            |
|---|------------------|---|-----------------------|-----------------------|--|------------|------------|
| Emp   | loyee's Name     |   |                       | Email                 |  |            |            |
| Spot<br>Nam   | use/Guest's<br>e |   |                       | Spouse/Guest<br>Email |  |            |            |
| Please List Each Additional Attendee Individually   |                  |   |                       |                       | If Age 17 and under, please provide the following: |            |            |
| (Listed Name(s) will be used for Name Badge(s))   |                  |   |                       |                       | AGE  | SHIRT SIZE | BOY / GIRL |
|   |                  |   |                       |                       |  |            |            |
|   |                  |   |                       |                       |  |            |            |
|   |                  |   |                       |                       |  |            |            |
|   |                  |   |                       |                       |  |            |            |
|   |                  |   |                       |                       |  |            |            |
|   |                  |   |                       |                       |  |            |            |
|   |                  |   |                       |                       |  |            |            |
| Registration Fees cover the cost of all planned APAWV   |                  |   |                       |                       |  |            | 0.14.4.1   |
| functions, entertainment, and other amenities.  |                  |   |                       |                       | Cost   | X Number = | = Subtotal |
| Couples Registration*   |                  |   |                       |                       | \$800  | Χ =        | =          |
| Single Adult Registration*  |                  |   |                       |                       | \$500  | Χ =        | =          |
| Children Ages 13 +  |                  |   |                       |                       | \$225  | Χ =        | =          |
| Children Ages 5 to 12   |                  |   |                       |                       | \$125  | Χ =        | =          |
| Children Ages 4 and Under   |                  |   |                       |                       | FREE!!!!   | =          | =          |
| *Registration received after Sept 23 <sup>th</sup> will incur a \$100 price increase  |                  |   |                       |                       | TOTAL DUE (\$)                                     |            |            |
| <b>Cancellation Policy:</b> If you must cancel your registration, full refunds will be granted prior to September 13 <sup>th</sup> . A refund less \$100 will be granted between September 13-30 <sup>th</sup> . No refunds will be granted after September 30th. |                  |   |                       |                       |  |            |            |
| Registration For Golf Tournament (Friday, October 11, 2024)   |                  |   |                       |                       |  |            |            |
| Golf / cart fees not included in the registration fee. (Golf Cost: \$85.00 plus tax & fees)   |                  |   |                       |                       |  |            | es)        |
|   |                  |   |                       |                       |  |            |            |
|   |                  |   |                       |                       |  |            |            |
|   |                  |   | Payment Information   |                       |  |            |            |
| RETURN TO   | •                | nent Association<br>WV<br>a Boulevard, East<br>n, WV 25311<br>04-342-1166<br>Dasphaltwv.com | · ———                 |                       | Check Enclosed Credit Card                         |            |            |
|   |                  |   |                       |                       | Exp Date:  |            |            |
|   |                  |   | Name on Card: CV Code |                       | ode  |            |            |
|   |                  |   |                       |                       |  |            |            |
|   | EMAIL: info@     |   | City, State, Zip      | 0                     |  |            |            |
|   |                  |   |                       |                       |  |            |            |

SPONSORSHIP - All sponsors will receive special recognition during the event

If you would like to sponsor a portion of our event (Reception, Coffee break, Business Breakfasts, Entertainment, Door Prices, etc.) please contact APAWV staff. Thank you for your support!