

**Mid-Atlantic African Violet Society
November 12 - 14, 2009 Convention and Show
Registration Form**

Name _____ Phone _____

Address _____

City _____ State/Prov. _____ Zip _____

E-mail address _____ Name to go on Badge _____

Are you a MAAVS Member _____ Yes _____ No

Is your companion a MAAVS Member _____ Yes _____ No

In case of emergency, who should be notified:

Name _____ Relationship _____ Phone _____

Registration Fees:

(Companions just attending dinner events do not have to pay registration fees, however cannot show plants or attend presentations)

MAAVS Member showing and/or attending presentations/dinners \$35 _____

Meals :

Friday dinner out at *The Shields* is only Chicken on a Spit \$35 _____

Saturday Banquet (*circle one*) Flat Iron Steak Salmon \$40 _____

MAAVS Membership renewal

Individual \$15 _____

Joint (2 members, same address) \$20 _____

Affiliate/Commercial \$20 _____

Awards Donation \$ _____

Judging School Registration \$15 _____

Total Enclosed \$ _____

Following receipt, you will receive confirmation. Make checks payable to MAAVS in U.S. Funds. Please send your payment to: Laurene Jones, 3430 Luttrell Road, Annandale, VA 22003, by **November 2nd**. A \$ 5 service fee will be imposed on refunds made after this date unless you have extenuating circumstances. Refunds after **November 2nd** will depend upon our ability to reallocate purchased dinners. Persons with **special dietary requirements** should make them known when submitting reservations.