

**Advance Ticket Purchase for  
VPTA Casino Night and Live Auction**

Sheraton Richmond West  
October 10, 2009 – 6:00pm

*This Form should only be used by individuals who are NOT registered for the VPTA Annual Conference Full Weekend or Sat/Sunday Sessions.*

Name: \_\_\_\_\_

Member #: \_\_\_\_\_ (if APTA/VPTA member)

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail (please print clearly) \_\_\_\_\_

Payment of: \_\_\_ \$40

\_\_\_ Check

\_\_\_ Credit Card

Name on Card \_\_\_\_\_

Number: \_\_\_\_\_

Exp: \_\_\_\_\_

Please return to Julia Rice [juliarice@apta.org](mailto:juliarice@apta.org), fax to 703-706-8575 or mail to VPTA, PO Box 327, Alexandria, VA 22313.

Once registered, you will receive a confirmation e-mail with further details.