

Virginia Annual Conference 2015
The Berglund Center, Roanoke, VA
June 19-21, 2015

Banquet Request & Registration Form

Name of Organization/Group: _____

Contact Person: _____

Address/Phone/Email of Contact Person: _____

Approximate number of people attending: _____

Preferred Type of Meal: _____ Breakfast _____ Lunch _____ Dinner

Preferred Start Time: _____

Preferred Day/Date: _____

Preferred Price Range Per Plate: \$ _____ but no more than \$ _____

Desired Location for Banquet: ___ Church ___ Restaurant ___ Hotel ___ Berglund Center

Other Pertinent Information: _____

PLEASE COMPLETE AND RETURN TO:

Rev. Michael Reaves
8341 Fletchers Chapel Road
King George, VA 22485-6701
michaelreaves@vaumc.org