

Virginia Annual Conference 2020  
The Berglund Center, Roanoke, VA  
June 18-20, 2020

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    Convention Center

Other Pertinent Information: \_\_\_\_\_

PLEASE COMPLETE AND RETURN TO:

Rev. Michael Reaves  
47 Round Hill School Road  
Fort Defiance, VA 24437-2133  
[michaelreaves@vaumc.org](mailto:michaelreaves@vaumc.org)