



County of Prince Edward
Board of Supervisors
Agenda Summary

Meeting Date: January 12, 2009
Item No.: 35
Department: County Administration
Staff Contact: W.W. Bartlett/Sarah Puckett
Issue: Upcoming

Summary:

Attachments:

- a. VACo/VML Legislative Day

Recommendation: Please let Sarah know if you plan to attend.

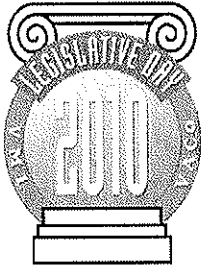
Motion _____
Second _____

Campbell _____
Jones _____
Wilck _____

Fore _____
McKay _____
Wiley _____

Gantt _____
Simpson _____

VACo/VML Legislative Day 2010



For the 20th year, the Virginia Association of Counties and the Virginia Municipal League are joining forces to co-sponsor **Legislative Day** on **Feb. 11** at the Richmond Marriott.

VACo and VML staff members will report on legislation affecting local governments, then local officials are encouraged to go to the state Capitol to participate in committee meetings and lobby state legislators. In the evening, local officials are strongly encouraged to invite their state legislators to dinner. Please invite them soon.

To register, mail this form by **Jan. 29** and a check (payable to VACo) for \$40 per person to: VACo, 1207 E. Main St., Suite 300, Richmond, VA 23219-3627. VACo's fax number is (804) 788-0083.

Officials who need to stay overnight at the Marriott can get a special rate of \$123 for a single or double room. To reserve a hotel room, call 1-800-228-9290 by **Jan. 29** with the following code: **VACO/VMLLEGDAY**. For more information about Legislative Day, call VACo at (804) 788-6652.

- 9 a.m. VACo Board of Directors' meeting
- 9:30 a.m. VML Board of Directors' meeting
- 11 a.m. Registration
- Noon VACo and VML Staff legislative briefings (box lunch provided)
- Afternoon Visits to state Capitol
- 5:30-6:30 p.m. Cash bar reception for attending local officials
- Evening Make plans to take your state legislators to dinner

The following people will attend Legislative Day on **Feb. 11**. Accompanying this form is a check for \$40 per person or a charge authorization.

Charge options: American Express MasterCard VISA

Card number: _____ Expiration date: _____

Cardholder's name _____

Authorized signature _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Mailing Address _____

County/City/Town Organization _____

Phone _____ E-mail _____

Special Accommodations _____

NOTE: PLEASE LET SARAH KNOW IF YOU WISH TO ATTEND.