

**VIRGINIA ASSOCIATION OF
HONOR SOCIETIES**



**ANNUAL
STATE CONFERENCE**

November 21-22, 2008
Christopher Newport University
1 University Place
Newport News, Virginia 23606

2008 VAHS STATE CONFERENCE
November 21-22, 2008
INSTRUCTIONS AND INFORMATION

Hotel Registration: Schools are responsible for making hotel reservations. Two hotels that are less than 4 miles from Christopher Newport University are suggested. The Omni Hotel Newport News special VAHS room rate is \$89.00 + tax (12.5%) for single, double, triple and quad occupancy. The Omni Hotel is located at 1000 Omni Boulevard, Newport News, VA 23606. The Newport News Marriott Hotel at City Center is offering a special VAHS rate of \$89.00 + tax (12.5%) for single, double, triple and quad occupancy. The Newport News Marriott at City Center is located at 740 Town Center Drive, Newport News, VA 23606. A deposit of one night's lodging is required for each room reserved at either hotel. Each hotel has a registration deadline of **October 29, 2008**. Room rates are not guaranteed after this date. Please tell the hotel that you are registering with the Virginia Association of Honor Societies conference. Hotel reservations are the responsibility of each school.

VAHS Conference Registration: Complete the enclosed VAHS registration, student information, medical permission forms, and VAHS Code of Conduct forms. Registrations must be postmarked by November 7, 2008, to qualify for the low registration fee of \$75 for VAHS member schools and \$95 for non-member schools. A \$50 late fee will be imposed on registrations postmarked after November 7, 2008. These fees cover materials, speakers, and lunch on Friday. The registration fee for guest/spouse is \$75.00 per person.

Enclose one check per school made payable to VASSP/DSL and mail to the VAHS state office. Refunds will be granted in accordance with VSCA policy (copy enclosed).

Registration Checklist:

_____ Hotel contact information

Omni Hotel Newport News

1000 Omni Boulevard, Newport News, VA 23606 tel: 757.873.6664

Or

Newport News Marriott Hotel at City Center

740 Town Center Drive, Newport News, VA 23606 tel: 757.873.9299

Your deadline for contacting either hotel is October 29, 2008.

_____ Complete all VAHS registration forms (including medical permission forms for each participant and code of conduct forms for each student). Enclose **one check** payable to VASSP/DSL to cover the registration fee for each participant.

_____ Mail the VAHS registration packet and check to:

VAHS State Office

c/o VASSP

4909 Cutshaw Avenue

Richmond, VA 23230

REGISTRATION PACKETS MUST BE POSTMARKED BY
November 7, 2008 for registration to be considered on time.

2008 VAHS STATE CONFERENCE
November 21-22, 2008
SCHOOL REGISTRATION FORM

School Name _____

School Address _____

School Level (*check one*): () Middle () High

School Phone () _____ School FAX () _____

Name of Adviser(s) _____ Home Phone () _____

_____ Home Phone () _____

Email: _____

IMPORTANT NOTE: *Before marking your region below, consult the region list (printed elsewhere in this packet). All schools will participate in regional activities according to the designated nine regions.*

- | | | |
|------------------|-----------------|-------------------|
| _____ Region I | _____ Region IV | _____ Region VII |
| _____ Region II | _____ Region V | _____ Region VIII |
| _____ Region III | _____ Region VI | _____ Region IX |

All schools are entitled to three (3) student voting delegates and one (1) voting adviser. **PLEASE PRINT OR TYPE NAMES.**

VOTING DELEGATES

1. Voting Delegate _____ Vegetarian? YES NO
2. Voting Delegate _____ Vegetarian? YES NO
3. Voting Delegate _____ Vegetarian? YES NO

ADDITIONAL STUDENT PARTICIPANTS

4. _____ Vegetarian? YES NO
5. _____ Vegetarian? YES NO
6. _____ Vegetarian? YES NO
7. _____ Vegetarian? YES NO
8. _____ Vegetarian? YES NO

ADVISER PARTICIPANTS

1. _____ Vegetarian? YES NO
2. _____ Vegetarian? YES NO

OTHER ADULT PARTICIPANTS

1. _____ Vegetarian? YES NO
2. _____ Vegetarian? YES NO

SPOUSE AND GUESTS (\$75.00)

1. _____ Vegetarian? YES NO
2. _____ Vegetarian? YES NO

VAHS STATE CONFERENCE REGISTRATION FINANCIAL ENCLOSURE

SCHOOL: _____

VAHS MEMBER SCHOOL

Registration (postmarked by November 7, 2008)

Number		Dollar Amount
_____	Student Participants @ \$75 each	\$ _____
+ _____	Adviser/Adult Participants @ \$75 each	+ \$ _____
+ _____	Spouse or Guests @ \$75 each	+ \$ _____

VAHS NON-MEMBER SCHOOL

Registration (postmarked November 7, 2008)

Number		Dollar Amount
_____	Student Participants @ \$95 each	\$ _____
+ _____	Adviser/Adult Participants @ \$95 each	+ \$ _____
+ _____	Spouse or Guests @ \$95 each	+ \$ _____

Total Amount Enclosed \$ _____

Schools may submit registration and fees early, and submit names of delegates by November 14, 2008.

Include the \$50 late registration fee if registering after November 7, 2008.

Enclose **ONE CHECK** per school made payable to: **VASSP/DSL.**

Please mail to:

VAHS State Office, c/o VASSP, 4909 Cutshaw Avenue, Richmond, Virginia 23230

Please check to ensure that you have enclosed:

- | | |
|--|--|
| <input type="checkbox"/> completed registration <u>and</u> financial enclosure forms | <input type="checkbox"/> code of conduct forms for each student |
| <input type="checkbox"/> medical permission forms for each participant | <input type="checkbox"/> one check made payable to VASSP/DSL. |

As we have a pre-arranged lunch on Friday at the university, please ensure that you check those participants desiring vegetarian meals beside the participant's name on the registration form. Any special meal requirements other than vegetarian (i.e., allergies) should be listed on the participant's Medical Permission Form.

PLEASE NOTE:

This form **does not** confirm any hotel reservations. Please contact the hotel of your choice directly.

VIRGINIA ASSOCIATION OF HONOR SOCIETIES

Medical Permission Slip

For All Persons Attending a VAHS-Sponsored Event

ADULTS ARE ALSO REQUIRED TO COMPLETE THIS FORM

Participant's Name _____

School _____ County _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone (_____) _____

Emergency Contact(s) _____ Phone (_____) _____

_____ Phone (_____) _____

Family Physician _____ Phone (_____) _____

Insurance Company _____ Policy Number _____

Medications: _____

Drug Allergies _____

Any additional information _____

I authorize the Virginia Association of Honor Societies to obtain medical care for me in the event that such care is necessary. If possible, the emergency contact individual above will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform medical and/or surgical procedures that are deemed essential to the treatment of the above-named individual. I understand that I am responsible for payment of such care.

Participant Signature

Date

Parent/Guardian Signature

Date

Photocopy form as needed

VAHS STUDENT CODE OF CONDUCT

(This form must be completed by all student participants.)

Student's Name _____

Adviser's Name _____

Name of School _____

Our reputation enables you to take pride in your organization. VAHS members have an excellent reputation. Your conduct at any VAHS function should uphold and enhance this reputation.

- VAHS members' behavior should always be a credit to themselves, their schools, and the VAHS.
- Student conduct is the responsibility of the school adviser or responsible adult. Students shall keep their advisers informed of their activities and whereabouts at all times. VAHS name tags will be worn at all times.
- Students are expected to attend all business meetings, workshops, and other scheduled VAHS activities. Please be prompt and prepared for sessions.
- Students are expected to observe the curfew by being in their assigned rooms by the designated hour.
- If a student is responsible for stealing or vandalism, the student and his or her parents will pay for the damages.
- Students may not buy, sell, or use any alcoholic beverages while in attendance at any VAHS activity.
- Students may not wear articles of clothing with vulgar or obscene statements, or advertisements of drug or alcohol products at any VAHS activity.
- There will be no smoking.
- Cellular telephones will be turned off during all conference meetings.
- Any student who disregards the rules will be subject to disciplinary action and may be sent home by his or her adviser at the expense of his or her parent or guardian.
- Unauthorized guests of participants are prohibited at VAHS activities.

Student Signature/Date

Adviser Signature/Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature/Date

Photocopy form as needed

VAHS REFUND POLICY

1. All refund requests should be addressed to the VAHS State Office, 4909 Cutshaw Avenue, Richmond, VA 23230. For any questions about refunds, please contact 804.355.4263.
2. Refund requests submitted in writing at least 12 business days prior to the scheduled event will be eligible for 100% return of the registration fee paid.
3. In the event that the request for refund is received after the event, or less than 12 business days prior to the scheduled event, the following conditions will apply:
 - a) Maximum refund will be 50% due to costs incurred by VAHS.
 - b) A letter must be received from the NHS/NJHS/Beta adviser or school principal stating a brief explanation and the name of the individual who made payment (i.e., school, student, etc.).
 - c) A letter must be received from the individual who canceled with a full explanation.
 - d) These letters should be postmarked within five (5) days after the end of the VAHS activity.
 - e) Refunds will be considered in the event of the following:
 - 1) Death in immediate family
 - 2) Accident/illness involving hospitalization
 - 3) Contagious or incapacitating illness (requires doctor's excuse)
 - 4) (*Adult participant only*) Change in position (i.e., teacher to guidance counselor)
 - f) No refunds will be given in the event of a scheduling error on the participant's part.
 - g) Refund requests not meeting the above criteria will be forwarded to the VAHS Advisory Committee for review.

PLEASE NOTE:

- Students who may be involved in state competitions should consider registering late.
- If notebook or other information is available, a copy will be sent along with the refund.

REGIONS OF THE VIRGINIA ASSOCIATION OF HONOR SOCIETIES

VASSP Department of Student Leadership

REGION I

Chesterfield County
Dinwiddie County
Hanover County
Henrico County
Hopewell City
Petersburg City
Prince George County
Richmond City

REGION II

Accomack County
Chesapeake City
Hampton City
Isle of Wight
Newport News City
Norfolk City
Northampton County
Poquoson City
Portsmouth City
Suffolk City
Virginia Beach City
Williamsburg-James City County
York County

REGION III

Caroline County
Charles City County
Colonial Beach City
Colonial Heights City
Essex County
Fredericksburg City
Gloucester County
King & Queen County
King George County
King William County
Lancaster County
Mathews County
Middlesex County
New Kent County
Northumberland County
Richmond County
Spotsylvania County
Stafford County
West Point Town
Westmoreland County

REGION IV

Albemarle County
Charlottesville City
Clarke County
Culpeper County
Fauquier County

REGION IV (continued)

Fluvanna County
Frederick County
Greene County
Loudoun County
Louisa County
Madison County
Manassas City
Manassas Park City
Orange County
Prince William County
Quantico Dependent's School
Rappahannock County
Warren County
Winchester City

REGION V

Alleghany-Highlands County
Augusta County
Bath County
Botetourt County
Buena Vista City
Clifton Forge City
Covington City
Craig County
Harrisonburg City
Highland County
Lexington City
Page County
Roanoke City
Roanoke County
Rockbridge County
Rockingham County
Salem City
Shenandoah County
Staunton City
Waynesboro City

REGION VI

Amherst County
Appomattox County
Bedford County
Campbell County
Danville City
Franklin County
Halifax County
Henry County
Lynchburg City
Martinsville City
Nelson County
Patrick County
Pittsylvania County

REGION VII

Bland County
Bristol City
Buchanan County
Carroll County
Dickenson County
Floyd County
Galax City
Giles County
Grayson County
Lee County
Montgomery County
Norton City
Pulaski County
Radford City
Russell County
Scott County
Smyth County
Tazewell County
Washington County
Wise County
Wythe County

REGION VIII

Amelia County
Brunswick County
Buckingham County
Charlotte County
Cumberland County
Franklin City
Greensville County
Goochland County
Isle of Wight County
Lunenburg County
Mecklenburg County
Nottoway County
Powhatan County
Prince Edward County
Southampton County
Surry County
Sussex County

REGION IX

Alexandria City
Arlington County
Fairfax County
Falls Church

