

GEORGIA ASSOCIATION OF REGIONAL COMMISSIONS CONFERENCE REGISTRATION FORM

November 2-4, 2016 ~ King and Prince Hotel, St. Simons Island, Georgia

Registrant Information (Return one per person - Make copies as needed.)

Name: _____ Preferred Name for Badge: _____
 Position: _____ Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____
 Cell phone: _____ Fax: _____ Email: _____
 Guest/Spouse's Name (if attending): _____
 Special Needs: _____ Dietary: _____ Other: _____

Registration Fees

	(Early Bird) **By October 7**	**After October 7**
Participant Registration (all events on program).....	\$320	\$375
Guest/Spouse Registration.....	\$125	

Registration Total \$

The following charges are in addition to participant registration:

Exhibitor (Includes one full registration).....\$725 _____
Conference Sponsor (Add \$225.00 for registration, if attending) Minimum...\$300 _____

Additional Charges Total \$

Total Amount Enclosed \$

Write the name as you want it to appear on our list of Sponsors and Exhibitors. (Attach information on separate sheet, if need.)

*** **MULTIPLE REGISTRATIONS ENCLOSED** ***

One check for \$ _____ to cover _____ registration(s).

Make check payable to: Georgia Association of Regional Commissions

Return registration & payment to: Three Rivers Regional Commission

P.O. Box 818 Griffin, GA 30224

Telephone: (678) 692-0510 Fax: (678) 692-0513

CANCELLATION POLICY: Request for cancellations must be made in writing and postmarked or faxed on or before October 28, 2016. Telephone requests WILL NOT be honored. A \$50.00 handling fee will be assessed for cancellations. Please allow 30 days after the close of the conference for refunds. **NO SHOWS:** Forfeit all conference registration fees – no exceptions.