

Conference Registration Form

October 5-8, 2009

Hyatt Regency Savannah

Savannah, GA

Schedule # 4337 Term F2010

Please type or print legibly. This information will be used to maintain your student record.

Last Name First Name MI

Preferred Name for Name Badge

Employer or Organization Title

Business Address

City State Zip

Work Phone Fax

Email

Are you a first time attendee at this conference?
 __yes __no

Do you have any dietary or medical restrictions that
 need to be considered?
 __ yes __ no

If so, please contact Judy J. Wilson at (706) 542-9525.

Full Conference Fee.....\$285.00

Guest Banquet Ticket.....\$50.00

Name of Guest:_____

Please make check payable to

The University of Georgia

Mail or fax this form to:

The University of Georgia

Carl Vinson Institute of Government

ATTN: GTED Registrar

201 North Milledge Avenue

Athens, GA 30602-5482

Fax: 706-542-9856