

Event Registration/Hotel Reservation

_____ (name – please print or type)

_____ (preferred name for name badge) _____ (date of birth for transcript retrieval)

_____ (business mailing address or check here if home address)

_____ (city) _____ (state)

_____ (zip) _____ (county, if Georgia)

_____ (home phone) _____ (work phone)

_____ (fax)

_____ (e-mail address)

Please send me e-mail information about Georgia Center programs.

_____ (position)

_____ (organization/employer)

By registering for this event, I agree to comply with event cancellation policies.

HOTEL REGISTRATION:

Complete the following to request a room reservation at the Georgia Center Hotel. If your lodging preference is unavailable, the best alternative will be confirmed. Non-guaranteed reservations will be cancelled at 4:00 p.m. ET the day prior to your scheduled arrival. Check-in is 4:00 p.m. ET; check-out is 11:00 a.m. ET. The Georgia Center is a smoke-free building; all lodging rooms are nonsmoking.

Choose Room Type:

- Classic Room (1 Bed) \$ 89.00 plus 7% sales tax
 Select Room (2 Beds) \$ 99.00 plus 7% sales tax

Arrival Date _____ Departure Date _____

_____ name of roommate for shared room

Method of Payment to Guarantee Hotel Reservation:

- Mastercard VISA American Express Discover

Card # _____ Expires ____/____

Name on card: _____

At check-in, you must present your credit card or complete a credit card authorization form (for a copy, call the Georgia Center at 800-884-1381, Mon.-Fri., 8 a.m. to 5 p.m. ET).

Four ways to register:

Web: www.georgiacenter.uga.edu/conferences — Credit Card Only

Fax: 706-542-6596 or 800-884-1419 — Credit Card Only

Mail: Georgia Water Resources Conference (#63354)

Georgia Center for Continuing Education

The University of Georgia

Athens, Georgia 30602-3603

Phone: 706-542-2134 or 800-884-1381 — Credit Card Only (Mon.-Fri. from 8 a.m. to 5 p.m. ET)

CONFERENCE REGISTRATION FEE — SPEAKERS ARE REQUIRED TO REGISTER.

Registration fees include sessions, lunches, breaks, and CD of proceedings.

Speaker fees apply to authors giving presentation or attending poster session.

Student status requires authentication.

Monday and Tuesday program includes seven tracks plus a plenary session on Monday Morning.

Wednesday registration includes: 1) a water conservation workshop; 2) END Biological Assessment Workshop (this workshop also includes sessions in the field on Thursday); 3) Advanced Stormwater Management Training Workshop (a \$25 fee applies to this workshop)

3-Day Conference Registration	<i>before 4/13/09</i>	<i>after 4/13/09</i>
<input type="checkbox"/> Participant	\$195.....	\$240.....
<input type="checkbox"/> Speaker	\$185.....	\$230.....
<input type="checkbox"/> Student	\$100.....	\$130.....

2-Day Conference Registration	<i>before 4/13/09</i>	<i>after 4/13/09</i>
<input type="checkbox"/> Participant	\$145.....	\$190.....
<input type="checkbox"/> Speaker	\$135.....	\$180.....
<input type="checkbox"/> Student	\$80.....	\$100.....
(select two) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday		

1-Day Conference Registration	<i>before 4/13/09</i>	<i>after 4/13/09</i>
<input type="checkbox"/> Participant	\$100.....	\$145.....
<input type="checkbox"/> Speaker	\$90.....	\$135.....
<input type="checkbox"/> Student	\$50.....	\$75.....
(select one) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday		

- AWRA Banquet** \$30 _____
 Advanced Stormwater Management Training Workshop \$25 _____
 Printed Copy of Proceedings \$50 _____

Will you attend the Poster Session Social on Tuesday, April 28, 2009?

- Yes No

Will you attend the luncheon on Wednesday, April 29, 2009?

- Yes No

Dietary Restrictions: _____

METHOD OF PAYMENT TO PROCESS CONFERENCE REGISTRATION:

Enclosed is a check payable to The University of Georgia

Enclosed is a purchase order payable to The University of Georgia (*Federal ID No. 58-6001998*) and/or an authorization letter to bill employer/organization.

- Mastercard VISA American Express Discover

Card # _____ Expires ____/____

Name on card: _____

UGA Dept. Name _____

UGA Building Name _____

Billing Contact _____ Phone No. _____