

Georgia Center Conference Registration Form

GA College Personnel Association (#66566)

(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.

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: **GA College Personnel Association — #66566**
Georgia Center for Continuing Education
Conference Center & Hotel
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:

Your registration will not be processed until payment is received.

- Professional on or before 2/15/09 \$150 _____
 - Professional after 2/15/09 \$200 _____
 - Student on or before 2/15/09 \$100 _____
 - Student after 2/15/09 \$150 _____
 - Thursday ONLY on or before 2/15/09 \$100 _____
 - Thursday ONLY after 2/15/09 \$160 _____
 - Exhibitor \$150 _____
- Total: \$ _____

Dietary Restrictions: _____

SSAO Think Tank Participant

GCPA Past President

Senior Student Affairs Officer

Faculty Member

Student Affairs Institute Participant

Graduate Student/New Professional

HBCU Professional

NASPA Member

ACPA Member

NASAP Member

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. _____

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 Occupancy: Single Double

Choose Room Type:

Classic Room (1 Bed) \$ 99.00 plus 7% sales tax

Select Room (2 Beds) \$ 109.00 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).