

Event Registration/Hotel Reservation Form

Third Annual Immunobiology of Influenza Virus Infection (#67461)

July 26-28, 2009

(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.

EVENT REGISTRATION FEE:

Your registration will not be processed until payment is received.

- Participant on or before July 6th\$350 _____
 Participant after July 6th\$400 _____
 Student on or before July 6th\$200 _____
 Student after July 6th\$250 _____

Total: \$ _____

Dietary Restrictions: _____

METHOD OF PAYMENT TO PROCESS EVENT 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)\$ 89.00 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).

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: **Immunobiology of Influenza Virus Infection — #67461**

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)