

Event Registration/Hotel Reservation Form

March 6-7, 2009

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: 40th Annual Conference on Children's Literature — #57131

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 8:00 a.m. to 5:00 p.m. ET)

name – please print or type _____

preferred name for name badge _____

birth date (for transcript retrieval) _____

business mailing address _____

or home address _____

organization/employer _____

city _____

state _____

zip _____

county, if Georgia _____

home phone _____

work phone _____

fax _____

e-mail address _____

Please send me e-mail about Georgia Center programs.

Event Registration

Your registration will not be processed until payment is received.

Full-Conference Fees include all educational sessions, the Friday Luncheon and the Saturday Storyteller's Luncheon. Saturday-Only Conference Fees include Saturday educational sessions and the Saturday Storyteller's Luncheon.

Full-Conference Fees

Full registration \$125 _____
Full-time UGA student* with no meals \$ 45 _____
Full-time UGA student* with meals \$ 80 _____
Full-time non-UGA student* with no meals \$ 55 _____
Full-time non-UGA student* with meals \$ 95 _____

*To verify student status, please provide your sponsoring professor's name: _____

Saturday-Only Conference Fees

Saturday registration\$65 _____
Optional Saturday Country Breakfast Buffet\$14 _____
Total: \$ _____

Special Events

Saturday Storyteller's Luncheon (included in your registration fee)

Yes, I will attend. No, I cannot attend.

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

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 No. _____ Expires _____ / _____

Name on Card _____

UGA Dept. Name _____

UGA Building Name _____

Billing Contact _____ Phone No. _____

Hotel Reservation

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 canceled 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 plus 7% sales tax
 Select Room (2 beds) \$99 plus 7% sales tax

Arrival Day/Date _____

Departure Day/Date _____

Name of roommate for shared room _____

Method of payment to guarantee hotel reservation:

PLEASE DO NOT SEND CHECKS FOR LODGING UNTIL RECEIPT OF HOTEL CONFIRMATION.

MasterCard Visa American Express Discover

Card No. _____ Expires _____ / _____

At check-in, you must present your method of payment or a completed credit card authorization form (for a copy, call the Georgia Center at 800-884-1381, Mon.-Fri., 8:00 a.m. to 5:00 p.m. ET).

Please feel free to make copies for colleagues.