

Event Registration/Hotel Reservation Form

Big-eared Bat Symposium (#66580)

March 9-11, 2010

(name – please print or type)

(preferred name for name badge)

(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.

Registration fee paid on or before January 15, 2010\$150 _____

Registration fee paid after January 15, 2010\$175 _____

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: _____

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: **Big-eared Bat Symposium — #66580**
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)

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).