



THE GEORGIA CENTER'S
UGA HOTEL
and conference center

Event Registration Form
 FDA/UGA Medical Device Conference - #85255
 11/03/2015 - 11/04/2015

name - please print or type _____

preferred first name for name tag _____ date of birth (for transcript retrieval) _____

title / position _____ company / organization _____

business mailing address or home address _____

city _____ state _____ county, if Georgia _____ zip _____

country and postal code (if outside the USA) _____

email _____ home phone _____ work phone _____ fax number _____

Please send me e-mail information about UGA Hotel and Conference Center programs

By registering for this event, I agree to comply with all event cancellation policies. (1) A cancellation received by 5:00 p.m. ET on or before October 27, 2015, will be refunded, minus a \$35 processing fee. No refunds will be issued thereafter; substitutions will be allowed. (2) To change or cancel your registration, call 800-884-1381, Monday through Friday, 8:00 a.m. to 5:00 p.m. ET. (3) If an event is cancelled for any reason, the UGA Hotel and Conference Center will not be responsible for any charges related to travel.

EVENT REGISTRATION

Your registration will not be processed until payment is received.

Please contact Elise Fortson at elisef@uga.edu or 706-542-6232 prior to registering if you are interested in the "register 4, get 5th registration free" offer. NOTE: All five attendees must be from the same organization and register at the same time. Conference registration fees will increase on October 7, 2015. *Workshop registration is limited - register early!*

Registration Options:

- Workshop Registration (Tuesday)
 Workshop Registration \$195 _____
- Conference Registration (Wednesday)
 Registration on/before October 6, 2015 \$250 _____
 Registration after October 6, 2015 \$295 _____
- Student Conference Registration (Wednesday)
 Student Registration on/before October 6, 2015 \$100 _____
 Student Registration after October 6, 2015 \$145 _____

Do you plan to attend the Tuesday night reception?

- Yes
- No

Total \$ _____

Please list any dietary restrictions or allergies (check all that apply):

- None Vegan Nuts Pork
- Vegetarian Dairy Shellfish Gluten / Wheat
- Additional Dietary Restrictions (We are unable to provide kosher meals): _____

HOTEL RESERVATION

To request a room reservation at the UGA Hotel, please call 706-542-2134 or 800-884-1381 and reference hotel block code 85255 or make a reservation online by using the following link: tinyurl.com/uga-hotel/bc/85255

FOUR WAYS TO REGISTER

- Web:** www.georgiacenter.uga.edu/uga-hotel/conferences-events/register — Credit Card Only
- Fax:** 706-542-6596 or 800-884-1419 — Credit Card Only
- Mail: FDA/UGA Medical Device Conference – #85255**
 The Georgia Center's UGA Hotel and Conference Center
 1197 South Lumpkin Street
 Athens, Georgia 30602-3603
- Phone:** 706-542-2134 or 800-884-1381 — Credit Card Only
 Mon.-Fri., 8:00 a.m. to 5:00 p.m. ET

Method of payment to guarantee 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. _____