



CAAG Annual Conference March 19-20 Sea Palms Resort, St. Simons Is., GA



REGISTRATION FORM

Company Name: _____
 Contact Person: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Office Ph: _____ Fax: _____ Email: _____

Is your company a member of CAAG? Yes No

Persons Attending (Please clearly print first and last name as you want it on your name badge)

1. _____ 2. _____
 3. _____ 4. _____

Conference Fees <i>Early Discount Fee applies to any registration Received before Feb. 15!</i>	# Attend	EARLY DISCOUNT		Reg Fee		TOTAL
		Before Feb. 15		After Feb. 15		
		Member	Non Member	Member	Non Member	
Registration for 1st Person from Company to Register <small>Includes Fri. reception & dinner, Sat. Cont. Brkfst Fri. and Sat. breaks and printed material, handouts</small>	1	\$225	\$300	\$250	\$325	\$
Registration for others in company registered after the first full registration <small>Incl. same as above</small>	# _____	\$200	\$250	\$225	\$275	\$
Spouse Registration <small>Includes Fri. reception & dinners, Fri. & Sat. breaks</small>		\$100	\$150	\$125	\$200	\$
Golf: (Reservation & Prepayment Mandatory)						
Thurs. March 18, Sea Palms	#	\$80	\$80	\$80	\$80	\$
Friday March 19 Sea Palms	#	\$80	\$80	\$80	\$80	\$
Sat., March 20, Sea Palms	#	\$80	\$80	\$80	\$80	\$
Exhibitor Fee (this is in addition to registration fee)		\$300	NA	\$350	NA	\$
Total Amount Enclosed if paid by check						\$
Add 3% if using Credit Card					add 3%	\$
Total Amount if Credit Card used						\$

Would you like to: - donate a Door Prize/Auction Prize Yes No
 - sponsor a speaker, reception, coffee or other event? Yes No

Are you interested in: Fishing Sporting Clays Tours Tennis

Payment—check one: Check VISA Mastercard Sorry, we do not accept American Express

Account Number: _____ Exp. Date: _____

Print Name of Cardholder: _____ Zip Code: _____

Signature of Cardholder: _____ Verification Code _____

Mail completed form with check, payable to CAAG or credit card information or fax your registration. If registration is not received by Feb. 15, late fees will apply.

CAAG, P. O. Box 1928, Duluth, GA 30096 or fax 1-866-267-3792

Office Use Only: Payment rec'd _____ Amt: _____ Pd by: Check VISA Mastercard