



# REGISTRATION FORM



## CAAG Fall Seminar

Nov. 4, 2010

Ramada Plaza, Macon, GA

108 First Street, Macon, GA

8:30 AM—1 PM

### Business Seminar

International Energy Conservation Code

By Mike Barcik, Southface

Construction Industry Licensing Board Update

And Questions

**4 hrs of CE!**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mail Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Office Ph: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Ph: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

#### REGISTRATION

##### FEES:

(includes breaks and handouts)

First Person from a company .....

Additional Attendees after the first one.....

Number	Cost Per Person		Total	
	# People Attending	Cost		
		Before Oct. 29		AFTER Oct. 29
_____ @	_____	_____	= \$ _____	
_____ @	_____	_____	= \$ _____	

**Total Enclosed** Check one: Check  Credit Card  \$ \_\_\_\_\_

Name: Individual's Attending: (PRINT)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

#### PAYMENT

**CREDIT CARD:** Check one: Visa  MasterCard  Acct No. \_\_\_\_\_

*Sorry, we do NOT accept American Express.*

Exp. Date: \_\_\_\_\_ Ph. No. \_\_\_\_\_ Print Name Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ zip code: \_\_\_\_\_

**CHECK:** Enclosed find my check in the amount of \$ \_\_\_\_\_ made payable to 'CAAG'. Payment **must** accompany registration.

**Return to:** CAAG, P.O. Box 1928, Duluth, GA 30096, ph. 678-646-2224, 800-610-2224, FAX 1-866-267-3792