

Conference Name
Dates
Location
Hotel
Hotel Address
Hotel Phone Numbers

<u>PLAN</u>	<u>PACKAGE</u>	<u>HOTEL</u>	<u>MEALS & REGISTRATION</u>	<u>TOTAL</u>
A	2 Persons, 2 Nights and 8 Meals	*\$	\$	*\$
B	1 Person, 2 Nights and 4 Meals	*\$	\$	*\$
C	2 Persons, 1 Night and 4 Meals	*\$	\$	*\$
D	1 Person, 1 Night and 2 Meals	*\$	\$	*\$
E	Registration & Sat. Evening Banquet		\$	\$
F	Registration Only		\$	\$
G	Saturday Evening Banquet Only		\$	\$

*Room rates of \$_____ are guaranteed for _____ days prior to, and _____ days following the conference. These room rates do not include taxes. Please make all reservations by _____, 20____. Hotel reservations are to be made directly with _____ by calling _____ or Toll Free at _____. When booking your room, mention _____ Spring/Fall Conference to receive the discounted rate. RESERVATIONS MUST BE MADE BY _____ TO RECEIVE THE CONFERENCE RATE.

NOTE: WE RECOMMEND THAT YOU FLY INTO _____ AIRPORT CODE (_____) Airport transportation can be arranged by calling _____.

For Additional Information Contact:

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REGISTRATION FORM FOR 20__ INTERNATIONAL (SPRING/FALL) CONFERENCE

Registrant #1: Plan Choice _____ Full Name _____

Name on Badge _____ _GA _Gem-Anon (Check One)

Registrant #2: Plan Choice _____ Full Name _____

Name on Badge _____ _GA _Gem-Anon (Check One)

Mailing Address: _____

Physical Address _____ *Apt/Suite* _____

City _____ *State* _____ *Zip Code* _____

Telephone Number: Home _____ Mobile _____

Email Address: _____

Minimum Deposit: _____ Amount Enclosed: _____
(\$100 for Plans ABCD)

Mail Check or Money Order Payable to:

Please note the last date to receive a refund on registration and meals is _____
Please note that two separate reservations (Hotel and Conference) are to be made.