



GEORGIA APCO FALL TRAINING CONFERENCE
Dillard House
November 11-13, 2008



PLEASE COMPLETE THE INFORMATION BELOW:

Attendee Name: _____

Organization Name: _____

Address: _____

City & State _____

Phone #: _____ Fax #: _____

EMAIL: _____

Lunch is included in full registration.

Will you be attending? Lunch _____

Extra tickets are available for: **Lunch \$ 20.**

*******PLEASE NOTE:** The attendee registration form is for the attendee only and does not include any guest of the attendee. Food events included with paid registration are for the attendee only and do not include guest meals. Because meal functions are planned well in advance, we are required to provide meal numbers to the hotel prior to the day of the event. Any guests wishing to join an attendee at a meal function must purchase a meal ticket **prior** to conference registration deadline of October 9 , 2008.*****

Registration fee: **\$ 65 Member**
 \$ 75 Non-member
Day Pass: **\$ 20 Per Day (Meals not included)** _____

CHECK ONE: TUESDAY _____ WEDNESDAY _____ THURSDAY _____

TOTAL DUE: \$ _____

Make check payable to: **Georgia APCO**

Mail check along with registration form to:
Carolyn Hunter
1008 Highland Circle
Conyers, Ga. 30012

You may fax your registration form to:
770-922-0390

****Rooms will be released **October 9, 2008******
ROOMS are \$79 \$89 \$99 a night at Dillard House
Contact Hotel for reservations @
1-800-541-0671

