

Georgia Emergency Communications Conference

Registration and Invoice

Name (First, MI., Last) _____
(As you would like it to appear on your badge)

Title _____ Agency _____
(As you would like it to appear on your badge) (As you would like it to appear on your badge)

Street Address _____
(Suite Number)

City _____ State _____ Zip _____

Phone Number _____ Attendee E-Mail Address _____
(Daytime)

T-Shirt Size (Included with Full Registration Only): _____

Please select your registration:

Full Registration \$95.00 Day Pass \$50.00: Mon. Tues. Wed. Thurs.

I will attend:

Dinner and Bingo _____

Awards Banquet _____

Only attendees who have paid full registration may attend after-hours activities on Monday and Wednesday night. However, tickets for the Wednesday night awards banquet are available for purchase for an additional \$25. Please indicate your interest below.

Additional (Guest) Luncheon Ticket(s) \$25.00 _____ Guest Banquet Ticket(s) \$25.00 _____

Do you require any special physical accommodations? Please explain _____

Registration will be confirmed upon receipt of payment

Add \$15 to all payments received after August 2, 2010

Payment Enclosed \$ _____

Pay by Credit Card \$ _____

Please complete attached authorization form

Please make all checks payable to GECC. Our Tax I.D. number is 27-0279296

All registrations must be received by September 1, 2010. Refunds are available for cancellations made before September 1, 2010, an administrative fee will be withheld. No refunds will be issued after September 1. Attendee substitutions may be made at any time **with prior notice**.

Return Registrations to:
Yolanda Callaway
c/o Greene County 9-1-1
1180 C. Weldon Smith Drive
Greensboro, GA 30642
Fax: (706) 453-1259

Credit Card Payment Authorization Form

MOTEL ENTERPRISES



GECC AUTHORIZATION FORM

Company/Vendor Name: _____
County Name: _____
Attendee Name: _____
Phone Number: _____
Address: _____
E-Mail Address: _____

- Yes, I authorize vendor registration in the amount of \$ _____ to my credit card.
 Yes, I authorize conference registration in the amount of \$ _____ to my credit card.
 Yes, I authorize all hotel charges to my credit card.

Hotel Reservation Information	
Please Select Arrival/Departure Date, Room Type Request and Hotel Request Below:	
Arrival Date: _____	<input type="checkbox"/> Holiday Inn <input type="checkbox"/> Holiday Inn Express <input type="checkbox"/> Hilton Garden Inn
Departure Date: _____	
1 King Bed: _____	
2 Double/Queen Beds: _____	
1 Queen Bed: _____	

Check type of Credit Card:
 VISA AMERICAN EXPRESS DINERS CLUB
 MASTER CARD DISCOVER

(Please print clearly or type the following information)

Credit Card Number: _____ Expiration Date: _____

Name as it appears on the Credit Card: _____

Contact Number where you may be reached:

**This is my credit card and I agree to be responsible for charges indicated above.*

Cardholder's Signature: _____

Please include a copy of the front and back of the card and a photo ID.

For Internal Use Only
Authorization Received by _____ on _____
Authorization Approved by _____ on _____
Comments: _____