

# Event Registration/Hotel Reservation Form

## 26th Annual Marriage and Family Therapy Institute (#63737)

January 29, 2010

(name – please print or type)

(preferred name for name badge)

(date of birth *for transcript retrieval.*)

(business mailing address or check here if home address )

(city)

(state)

(zip)

(county, if Georgia)

(home phone)

(work phone)

(fax)

(e-mail address)

Please send me e-mail information about Georgia Center programs.

(position)

(organization/employer)

**By registering for this event, I agree to comply with event cancellation policies.**

### EVENT REGISTRATION FEE:

*Your registration will not be processed until payment is received.*

Early fee paid on/before January 8, 2010.....\$120 \_\_\_\_\_

Fee paid after January 8, 2010.....\$150 \_\_\_\_\_

Early student fee paid on/before January 8, 2010 .....\$ 75 \_\_\_\_\_

Student fee paid after January 8, 2010.....\$ 95 \_\_\_\_\_

Early faculty fee paid on/before January 8, 2010 .....\$100 \_\_\_\_\_

Faculty fee paid after January 8, 2010.....\$120 \_\_\_\_\_

Certificate student.....\$ 50 \_\_\_\_\_

Total: \$ \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

### METHOD OF PAYMENT TO PROCESS EVENT REGISTRATION:

Enclosed is a check payable to The University of Georgia

Enclosed is a purchase order payable to The University of Georgia (Federal ID No. 58-6001998) and/or an authorization letter to bill employer/organization.

Mastercard     VISA     American Express     Discover

Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

UGA Dept. Name \_\_\_\_\_

UGA Building Name \_\_\_\_\_

Billing Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

### HOTEL REGISTRATION:

Complete the following to request a room reservation at the Georgia Center Hotel. If your lodging preference is unavailable, the best alternative will be confirmed. Non-guaranteed reservations will be cancelled at 4:00 p.m. ET the day prior to your scheduled arrival. Check-in is 4:00 p.m. ET; check-out is 11:00 a.m. ET. **The Georgia Center is a smoke-free building; all lodging rooms are nonsmoking.**

**Choose Occupancy:**     Single     Double

#### Choose Room Type:

Classic Room (1 Bed) .....\$ 89.00 plus 7% sales tax

Select Room (2 Beds).....\$ 109.00 plus 7% sales tax

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

\_\_\_\_\_ name of roommate for shared room

### METHOD OF PAYMENT TO GUARANTEE HOTEL RESERVATION:

Mastercard     VISA     American Express     Discover

Card # \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

At check-in, you must present your credit card or complete a credit card authorization form (for a copy, call the Georgia Center at 800-884-1381, Mon.-Fri., 8 a.m. to 5 p.m. ET).

### Four ways to register:

Web: [www.georgiacenter.uga.edu/conferences](http://www.georgiacenter.uga.edu/conferences) — Credit Card Only

Fax: 706-542-6596 or 800-884-1419 — Credit Card Only

Mail: **26th Annual Marriage and Family Therapy Institute — #63737**

Georgia Center for Continuing Education

Conference Center & Hotel

The University of Georgia

Athens, Georgia 30602-3603

Phone: 706-542-2134 or 800-884-1381 — Credit Card Only

(Mon.–Fri. from 8 a.m. to 5 p.m. ET)