

PLEASE PRINT CLEARLY

PROGRAM REGISTRATION & MEAL FORM

Name: _____ Phone: _____
 Address: _____ *Email: _____
 City/Town: _____ State: _____
 ZIP: _____ *Email address required in order to receive confirmation.

EVENT REGISTRATION \$40 \$ _____ (REQUIRED: on-site registration will be \$50)
 MEAL REGISTRATION (Optional, price includes all gratuities and taxes)
 Saturday evening buffet banquet \$40 \$ _____ (Banquet seating is limited to 560 and will be sold on a first come, first serve basis.)
TOTAL \$ _____ (Enclose check or money order payable to "EPGSA Convention Committee".)

Please note any dietary restrictions: _____



HOTEL REGISTRATION FORM

Room Choice <small>(Bed choice for multiple occupants strongly encouraged, but not required)</small>	Per-Person, Two-Night Room Rate*
<input type="checkbox"/> Single	\$448.24
<input type="checkbox"/> Double King Bed	\$305.05
<input type="checkbox"/> Double 2 Queen Beds	\$305.05
<input type="checkbox"/> Triple 2 Queen Beds	\$264.72
<input type="checkbox"/> Quad 2 Queen Beds	\$239.00
<input type="checkbox"/> Handicap accessible. Limited number available on a first come, first serve basis.	
Please note any dietary restrictions: _____	

Breakfast on Saturday & Sunday and dinner on Friday & Saturday are included in room rates.

Hotel Check-in: 4:00 PM
 Hotel Check-out: 11:00 AM

*One registration form per room.
 Two-night minimum stay.*

\$100 deposit per room required at time of reservation.

Final payment is required at check-in.

Advance payment not required but will speed up check-in.

You will be charged the room rate shown to the left based on the number of registered guests actually in the room!

*Includes Convention registration fee of \$40 per person

Name: _____ Phone (Day): _____
 Address: _____ Phone (Eve): _____
 City/Town: _____ State: _____ ZIP: _____
 Arrival: _____ Day of week, MM/DD/YYYY Departure: _____ Day of week, MM/DD/YYYY

Roommates' Full Names (listing roommates will speed up registration)

Roommate 1: _____
 Roommate 2: _____
 Roommate 3: _____

Other requests: _____

Payment information (enclose check, or money order, or fill out credit card information and sign):

Check Money order Credit Card #: _____ Exp Date: MM/YYYY

Signature: _____