



2024 ANNUAL CONVENTION

The Westin Hilton Head, SC
Thursday, June 6 - Sunday, June 9, 2024

Please complete ONE of these registration forms per hotel room reserved; i.e., one form per couple/family.

Preferred pricing is available by using your login and password at www.agcga.org

Attendee 1

Name: _____ Company: _____

Please Choose Only One Registration Option for Attendee 1

- Business Registrant: \$1,045 or \$1,095 after April 19 (Online: \$995 or \$1,045 after April 19)
Social Events Only Registrant: \$775 or \$825 after April 19 (Online: \$725 or \$775 after April 19)
*Young Leadership Program (YLP) Registrant: \$250 or \$300 after April 19 (Online: \$200 or \$250 after April 19)

Register Attendee 1 for the following additional events:

- Thursday Golf Tournament - \$300
Friday Golf Open Play - \$160
Friday Ladies' Brunch - FREE
Friday YLP Dinner - FREE for program members
Friday EA Dinner - FREE for program members
Golf Handicap: _____

Attendee 2 - This registrant is typically the spouse/guest of Attendee 1 and is staying in same hotel room.

Name: _____ Company (if different): _____

- Social Events Only Registrant: \$775 or \$825 after April 19 (Online: \$725 or \$775 after April 19)
*Young Leadership Program (YLP) Member: \$250 or \$300 after April 19 (Online: \$200 or \$250 after April 19)

Register Attendee 2 for the following additional events:

- Thursday Golf Tournament - \$300
Friday Golf Open Play - \$160
Friday Ladies' Brunch - FREE
Friday YLP Dinner (program members' spouse/guest ONLY) - \$150
Friday EA Dinner (program members' spouse/guest ONLY) - \$150
Golf Handicap: _____

In the event this two-page registration form is separated in transmission, please provide Attendee 1's name in the below space.

Name: _____

Child Registration: (Note – All AGC Kids/Teens Clubs are \$75 per child, per session. Limited to children 17 years and under.)

1) Name: _____ Age: _____

- Age 13-17 (Attending Thursday Dinner Party- \$150)
- Age 5-12 (Attending Thursday Dinner Party - \$100)
- Age 4 and Under (Attending Thursday Dinner Party - Free)

Check all Clubs this child will attend. Each session is \$75

- Friday AM Kids Club Friday PM Kids Club
- Saturday AM Kids Club Saturday PM Kids Club
- Friday PM Teens Club Saturday PM Teens Club

My child is male or female.

3) Name: _____ Age: _____

- Age 13-17 (Attending Thursday Dinner Party- \$150)
- Age 5-12 (Attending Thursday Dinner Party - \$100)
- Age 4 and Under (Attending Thursday Dinner Party - Free)

Check all Clubs this child will attend. Each session is \$75

- Friday AM Kids Club Friday PM Kids Club
- Saturday AM Kids Club Saturday PM Kids Club
- Friday PM Teens Club Saturday PM Teens Club

My child is male or female.

2) Name: _____ Age: _____

- Age 13-17 (Attending Thursday Dinner Party- \$150)
- Age 5-12 (Attending Thursday Dinner Party - \$100)
- Age 4 and Under (Attending Thursday Dinner Party - Free)

Check all Clubs this child will attend. Each session is \$75

- Friday AM Kids Club Friday PM Kids Club
- Saturday AM Kids Club Saturday PM Kids Club
- Friday PM Teens Club Saturday PM Teens Club

My child is male or female.

4) Name: _____ Age: _____

- Age 13-17 (Attending Thursday day Dinner Party- \$150)
- Age 12 & Under (Attending Thursday Dinner Party -\$100)
- Age 4 and Under (Attending Thursday Dinner Party - Free)

Check all Clubs this child will attend. Each session is \$75

- Friday AM Kids Club Friday PM Kids Club
- Saturday AM Kids Club Saturday PM Kids Club
- Friday PM Teens Club Saturday PM Teens Club

My child is male or female.

Special Needs: Share any food allergies, dietary requirements, handicap accessibility, etc. for you and/or your guests.

CONVENTION REGISTRATION PAYMENT OPTIONS

It's not too late! Visit www.agcga.org & click on *Calendar/Registerto* receive preferred pricing.

Please total your choices from page 1 and 2 of this form. Total Due: \$ _____

Instructions for paying by check:

Make check(s) payable to AGC Georgia. Send check(s) and copy of this form to:
Wells Fargo/AGC Georgia; P.O. Box 934023; Atlanta, GA 31193-4023.

Instructions for paying by credit card:

Bill the following credit card: American Express MasterCard Visa Discover

Credit Card #: _____ Exp. _____

Name on Card: _____ Signature: _____

Regardless of payment method, please use one of the methods to return this form:

- **Electronically:** On many systems, pressing "Click to Submit" after filling out form will attach file to an automated email
- **Fax:** 678-298-4101
- **Email:** (after manually filling out form) sent to registration@agcga.org.

The deadline for early registration is April 19, 2024, After this date, late registration fees apply.

Cancellations made between May 3 -10, 2024 incur a \$150 service fee.

Cancellations made on or after May 11, 2024, will not be refunded. Substitutions are encouraged.

All cancellation requests must be submitted in writing to Danielle DeAgostino at deagostino@agcga.org.

For more information about the AGC Georgia Annual Convention, please call Danielle at 678.298.4102