



**WINTER
MEETING**



The Chateaux Deer Valley

Park City, Utah

Thursday - Monday

February 26 - March 2, 2026

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

*****Preferred pricing is available when registering at www.agcga.org/calendar*****

Adult Attendee 1

Name: _____ Company: _____

Please choose one registration option per attendee

- ☐ **Business Representative: \$995** (*Online registration: \$975*)
Includes participation in business sessions and social events
- ☐ **Social Only: \$725** (*Online registration: \$700*)
Includes Thursday's Welcome Dinner, Friday-Sunday breakfasts, and Sunday's Closing Night Reception

Sponsorship Opportunities

- ☐ \$5,000 - Opening Night Reception/Dinner Sponsor
- ☐ \$1,000 - Coffee Break Sponsor (3 available)
- ☐ \$1,500 - Breakfast Sponsor
- ☐ \$2,500 - Closing Reception Sponsor
- ☐ \$1,000 - Cocktail Napkin Sponsor (2 available)

Adult Attendee 2

Name: _____ Company: _____

Please choose one registration option per attendee

- ☐ **Business Representative: \$995** (*Online registration: \$975*)
Includes participation in business sessions and social events
- ☐ **Social Only: \$725** (*Online registration: \$700*)
Includes Thursday's Welcome Dinner, Friday-Sunday breakfasts, and Sunday's Closing Night Reception

Children (invited to Thursday's Welcome Dinner, Friday-Sunday breakfasts, and Sunday's Closing Night Reception)

Child's Name: _____ Age: _____

☐ 0-4 y.o. -- \$0 ☐ 5-12 y.o. -- \$225 ☐ 13-17 y.o. -- \$275

Child's Name: _____ Age: _____

☐ 0-4 y.o. -- \$0 ☐ 5-12 y.o. -- \$225 ☐ 13-17 y.o. -- \$275

Child's Name: _____ Age: _____

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Child's Name: _____ Age: _____

☐ 0-4 y.o. -- \$0 ☐ 5-12 y.o. -- \$225 ☐ 13-17 y.o. -- \$275

Dietary restrictions/allergies or need for special accommodations for your group: _____

Payment

Total of above selections, including sponsorship support: \$_____

Make checks payable to **AGC Georgia**. Scan the form to registration@agcga.org or fax it to **678.298.4101**.

-- Send payment along with this form to **Wells Fargo/AGC Georgia; P.O. Box 934023; Atlanta, GA 31193-4023**.

OR bill my credit card ☐ AmEx ☐ MC ☐ Visa ☐ Discover Card # _____ Exp. _____

Name on Card _____ Signature _____

Regardless of payment method, please use one of these 3 methods to return this form:

****Electronically:** Use the "Click to Submit" button to attach to an automated email

****Email:** (after manually filling out a form) registration@agcga.org

Click to Submit

Cancellations after December 26, 2025, incur a \$150 service fee. Cancellations after January 9, 2026, will not receive a refund.

Substitutions are encouraged. Submit all cancellation requests in writing to ryan@agcga.org.

For registration help, contact Danielle Ryan, Programs and Event Coordinator, at 678.298.4102 or ryan@agcga.org.