



WINTER MEETING



The Chateaux Deer Valley
Park City, Utah
Friday-Tuesday, January 12-16, 2024

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

Preferred pricing is available when you register at www.agcga.org/calendar

Attendee 1

Name: _____ Company: _____

Please choose one registration option per attendee

- ☐ **Business Representative: \$950** (*Online registration: \$925*)
Includes participation in business sessions and social events
- ☐ **Social Only: \$700** (*Online registration: \$675*)
Includes Friday's Welcome Dinner, Saturday-Monday breakfasts, and Monday's Closing Night Reception
- ☐ ***Young Leadership Program (YLP): \$175** (*Online registration: \$150*)
*This option is **exclusively** for YLP members in good standing, and includes participation in business sessions and social events*

Attendee 2

Name: _____ Company: _____

Please choose one registration option per attendee

- ☐ **Business Representative: \$950** (*Online registration: \$925*)
Includes participation in business sessions and social events
- ☐ **Social Only: \$700** (*Online registration: \$675*)
Includes Friday's Welcome Dinner, Saturday-Monday breakfasts, and Monday's Closing Night Reception
- ☐ ***Young Leadership Program (YLP): \$175** (*Online registration: \$150*)
*This option is **exclusively** for YLP members in good standing, and includes participation in business sessions and social events*

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

Child's Name: _____ Age: _____
☐ 0-4 y.o. -- \$0 ☐ 5-12 y.o. -- \$200 ☐ 13-17 y.o. -- \$250

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☐ 0-4 y.o. -- \$0 ☐ 5-12 y.o. -- \$200 ☐ 13-17 y.o. -- \$250

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

Payment **Total of above selections: \$** _____

Make checks payable to **AGC Georgia**. Scan 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 Credit Card # _____ Exp. _____

Name on Card _____ Signature _____

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

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

****Fax:** 678-298-4101

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

CLICK TO SUBMIT

Cancellations after 11/17/2023 will incur a \$150 service fee. Cancellations after 12/1/2023 will not receive a refund.
Substitutions are encouraged. Submit all cancellation requests in writing to harper@agcga.org.

For questions, please contact Machell Harper, Director of Member Services, at 678-298-4108 or harper@agcga.org.