

REGISTRATION FORM FOR SILVER ANNIVERSARY CONFERENCE AMICALOLA FALLS, GEORGIA

My plans are to attend this conference on April 11 to April 14, 2019

| Name: | | | _ |
|---|---------------------|------------------|---------------|
| E-mail: | | | _ |
| Address: | | | _ |
| City | _State | _Zip | _ |
| Phone: | _(Cell) | (Re | es) |
| Number of people attending: Adults_ | Children_ | | |
| Please register no later than March 15 | , 2019. | | |
| Registration fee for the full 3-days confechildren under 12, all inclusive, with the Friday in McCaysville or if you plan on | exception of lodgin | g room rate, the | lunch meal on |
| We have arranged for meals that are glut dietary needs, please let us know ahead of | <u> </u> | | · · |
| Vegetarian | Vegan | GF | |
| Special dietary needs: | | | |
| | | | |
| **If you are only attending Friday & Sat If you are only attending on Saturday, If you have any other questions, please | your Conference fe | e will be \$90. | S165. |