

Please Return To: Georgia Quality Initiative Workshop 50545 December 8-10, 2004
University of Georgia Center for Continuing Education
Athens, GA 30602-3603
(706) 542-2134 or (800) 884-1381 FAX: (706) 542-6596 or (800) 884-1419

Registration Form For Non-DOT Participants only

Do not use this form if you are a DOT employee – Please use form provided for DOT

Name (please print or type) _____

Company/Organization _____

Preferred Name for Name Badge _____ Birth Date * _____

Mailing Address: Please check if Home or Office _____

City _____ State _____ Zip _____ County, if Georgia _____

Telephone Numbers: Work: _____ Home: _____

Fax: _____ E-Mail: _____

*Birth date is used to confirm name for retrieval of continuing education transcript.

IMPORTANT!!! PLEASE CIRCLE (only one) PRIMARY CATEGORY:

Government Contractor Supplier Consultant Utility Other

Will you attend Wednesday dinner? () Yes () No

Will you attend Thursday evening's Awards Banquet at the Center? () Yes () No

Registration Fee: The registration fee for the workshop is **\$125.00**. **Prepayment is required - check or credit card only!**
Registrations and/or fees postmarked after November 2, 2004 will be \$140. A purchase order in the amount of \$140 per person is required for invoicing your organization.

Total Amount included for Registration \$ _____

Method of payment to guarantee registration:

? Enclosed is a check made payable to **The University of Georgia**

? Enclosed is a purchase order payable to **The University of Georgia**, and/or an authorization letter to bill employer/organization (invoiced at the highest registration fee).

? MC ? Visa ? AMEX ? Discover

No. _____

Name on card: _____ Expires: _____

?

Lodging Reservations: A block of rooms is being held until **5:00 p.m., November 15, 2004**. Complete the following to request a room reservation at the Georgia Center. **A credit card number is required to make your reservation.** (USE SPACE BELOW.)

Non-guaranteed reservations will be cancelled at 4 PM on the day prior to arrival. 7% sales tax must be added to price listed.

Hotel prices effective through June 30, 2005. Do not send check for lodging until hotel confirmation is received.

? **CHECK HERE IF NO LODGING IS REQUIRED**

? **LODGING REQUIRED**

Arrival Date: _____

Departure Date: _____

Choose Occupancy ? Single ? Double ? Smoking ? Non-smoking

Choose Room Type ? Classic Single Beds. . . \$69 ? Classic Queen Bed. . . \$79

? One King Bed. . . \$79 ? Select Double Bed. . . \$89

If requested room type is unavailable, the best alternative will be confirmed. If space is not available at the Georgia Center, we will arrange your accommodations at one of the following hotels. Please check preference:

?

? Courtyard \$85 ? Holiday Inn \$88 ? Holiday Inn Express \$78 ? Best Western \$74

? MC ? Visa ? AMEX ? Discover No. _____ Expires: _____

Roommate's name for shared room: _____ The Georgia Center does not assign roommates.