

Conference Registration Form

Georgia Highway Safety Conference

August 11 – 13, 2008 · Westin Savannah Harbor · Savannah, GA

First name: _____ Last name: _____

Preferred first name for badge: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Registration information will be sent to the email address above. List any additional email address your confirmation should be sent to:

Special Requirements: _____

Registration fee includes opening reception, 2 lunches, 2 continental breakfasts, refreshment breaks, exhibits, workshops, and program materials.

Check here if you do not want your contact information printed in conference material

What field do you work in?

- | | | |
|--|---|---|
| <input type="checkbox"/> Automotive Industry | <input type="checkbox"/> Child passenger safety | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Judge/prosecutor | <input type="checkbox"/> Public Safety | <input type="checkbox"/> EMS/medical |
| <input type="checkbox"/> State or federal government | <input type="checkbox"/> Community programs | <input type="checkbox"/> Insurance industry |
| <input type="checkbox"/> Advocacy/consumer group | <input type="checkbox"/> Other _____ | |

Registration Fees: (Check One)

- | | |
|--|-----------|
| <input type="checkbox"/> Early Registration on/before June 30, 2008 | \$150.00 |
| <input type="checkbox"/> Late/On-Site Registration after June 30, 2008 | \$225.00 |
| <input type="checkbox"/> Presenter/Speaker | No Charge |
| <input type="checkbox"/> Presenter/Speaker (one day, day of attending presentation only) | No Charge |
- Please indicate day _____
- Total Amount Due \$ _____

Payment Method:

Check one: Visa Master Card Check Purchase Order*

Card Number: _____ Expiration ____/____ CW2 Code: _____
The CW2 code is the 3-digit code found on the back of your credit card following the card number.

I agree to pay the above total amount according to card issuer agreement.

Signature: _____

Print name as it appears in the card: _____

*For purchase order, indication bill-to address if different from above address.

Attn: _____ Organization: _____

Address: _____ City/State/Zip: _____



Note: You cannot register by phone.

Payment Terms

- All registration must be received by July 10, 2008. After that date wait and register on-site.
- Registration fees must be paid by check in U.S. dollars (payable to GOHS) or attached purchase order.
- Registrations received without payment or purchase order number, will not be processed.
- Please return this form with your payment or purchase order.

By Mail:

GA Governors Office of Highway Safety
ATTN: Helen Bagley
34 Peachtree St. NE
Suite 800
Atlanta, GA. 30303

By Fax:

404-651-9107
Do not mail after faxing

GOHS Fed. ID #: 58-6002013

Note: If you do not receive a confirmation via email or U.S. mail from us within 14 days, please contact us at 404-656-6996.

Cancellation Policy:

Registration cancelled on or before July 10, 2008 will receive a refund minus a \$25 processing fee. After that date there are no refunds. Cancellation must be sent in writing to GOHS.

For Office Use Only

Reg:# _____

Date received: _____

CK PO CC

Number or CC Approval# _____



Every Life Counts