



CAAG Annual Conference

March 19-21, 2020

Marriott Savannah Riverfront Hotel, Savannah, GA

800-285-0398

REGISTRATION FORM

Company Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Ph: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Cell phone: (____) _____ - _____ Is your company a member of CAAG? Yes No

Persons Attending (*Please clearly print first and last name as you want it on your name badge*)

1. _____ 2. _____
3. _____ 4. _____

Register online!
"Click here"
or go to
www.caag.org and click on the
 Annual Conference.

Conference Fees <i>Early Discount Fee applies to any registration Received on or before Feb. 19</i>	# Attend	EARLY DISCOUNT		Registration Fee		TOTAL
		Reg on or Before Feb. 19		After Feb. 19		
		Member	Non Member	Member	Non Member	
Registration for 1st Person from Company to Register Includes Fri. Lunch, reception & dinner, Sat. Cont. Brkfst Fri. and Sat. breaks and printed material, handouts	1	\$395	\$565	\$425	\$595	\$
Registration for others in company registered after the first full registration Incl. same as above	# _____	\$295	\$345	\$295	\$355	\$
First Time Company Attending If your company has never attended a CAAG Conference this would be a special rate for you to attend and see what you have been missing. Includes Full Registration	# _____	\$295	\$565	\$295	\$565	\$
Spouse or Children over 12 Registration Includes Fri. lunch, reception & dinner, Fri. & Sat. breaks	# _____	\$195	\$220	\$195	\$295	\$
Golf: (Reservation & Prepayment Mandatory) Thurs. March 28 Friday March 29 Tournament Sat., March 30 Golf Tournament Sponsor	# _____ # _____ # _____	\$150 \$150 \$150	\$150 \$150 \$150	\$150 \$150 \$150	\$150 \$150 \$150	\$ \$ \$
Exhibitor Fee per booth (in addition to reg. fee)	# _____	\$450	NA	\$450	NA	\$
Thursday night Reception Sponsored by	# _____	NC	NC	NC	NC	

Total Registration Fees _____ \$

- Would you like to:**
- donate a Door Prize/Auction Prize/give-away item with reg pack Yes No
 - sponsor a speaker, reception, golf, coffee or other event? Yes No
 - advertise in the conference program? Yes No

Payment—check one or pay online at www.caag.org : Check VISA Mastercard No AX

Credit Card Account Number: _____ Exp. Date: _____

Print Name of Cardholder: _____ Zip Code: _____

Signature of Cardholder: _____ Verification Code _____

Mail completed form with check, payable to CAAG or credit card information or fax your registration. If registration is not received by Feb. 19, late fees will apply.

CAAG, P. O. Box 910, Hartwell, GA 30643 or fax 1-866-267-3792

Office Use Only: Payment rec'd _____ Amt: _____ Pd by: Check VISA Mastercard