

CAAG Annual Conference April 4-6, 2024 Marriott Riverfront, Savannah, GA

REGISTRATION	FOR	M					
Company Name:				_		er online	
Contact Person:						AG.ORG	
Mailing Address:				-	Under	Events!	
City: State: _							
Office Ph: () Fax: ()			Email:				
Cell phone: (Is y	your comp	any a mem	ber of C	AAG?	Yes □ No □	
Persons Attending (Please clearly print first and le	ast name	e as you w	ant it on yo	ur name	badge)		
1	2						
3							
Conference Fees	#	# EARLY DISCOUNT			ration Fee	TOTAL	
Early Discount Fee applies to any registration	Attend	d Reg. Before March 4		After March 4		-	
Received on or before March 4		Member	Non Member	Member	Non Member		
Registration for 1st Person from Company to Register	1	\$399	\$575	\$435	\$599	S	
Includes Fri. Lunch, reception & dinner, Sat. Cont. Brkfast		ΨΟ	ψ373	Ψ433	ψ377		
Fri. and Sat. breaks and printed material, handouts							
Registration for others in company registered after the first full registration	#	\$295	\$345	\$295	\$355	\$	
Incl. same as above							
First Time Company Attending If your company has never attended a CAAG Conference	 #	\$325	\$575	\$350	\$599	\$	
this would be a special rate for you to attend and see	<i>π</i> ——	\$323	\$373	\$330	\$377	Ψ	
what you have been missing. Includes Full Registration	,,	0100	0220	0100	0205		
Spouse or Children over 12 Registration Includes Fri. lunch, reception & dinner, Fri. & Sat. breaks	#	\$199	\$220	\$199	\$295	\$	
Golf: (Reservation & Prepayment Mandatory)							
Thurs. April 4 #	\$150	\$150		\$150	\$ 50 E	1	
	#	\$150	O WWW.C \$150	\$150	KG Event	ts S	
Golf Tournament Sponsor		\$150	\$150	\$150	\$150	\$	
Exhibitor Fee per booth (in addition to reg. fee)	#	\$495	NA	\$495	NA	\$	
Thursday night Reception	#	NC	NC	NC	NC		
Sponsored by		<u> </u>				1	
Total Registration Fees						\$	
Would you like to: - donate a Door Prize/A						es □ No □	
sponsor a speaker, recadvertise in the confer			e or other e	event?		les □ No □ les □ No □	
	-	•	l vica F	¬ м.	_		
Payment—check one or pay online at www.caa	_				stercard		
	Exp. Date:						
		Zip Code:					
	Verification Code						
Mail completed form with check, payable to CAAC If registration is not received by March 4, late fee			formation o	or email	your regis	stration.	
CAAG, P. O. Box 1239, Jasper, O	GA 30°	143 or e	mail to ti	ucker@	vcaag.o	rg	
Office Use Only: Payment rec'd				-	_	_	